

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000093802

**Entity Name:** SIMPLIFY HEALTHCARE STAFFING, LLC

**Current Principal Place of Business:**

17440 PONTE CHIASSO  
BOCA RATON, FL 33496

**Current Mailing Address:**

17440 PONTE CHIASSO  
BOCA RATON, FL 33496 US

**FEI Number:** 83-4658177

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PELEG, NANA DR.  
17440 PONTE CHIASSO  
BOCA RATON, FL 33496 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** NANA PELEG

01/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PELEG, NANA  
Address 17440 PONTE CHIASSO  
City-State-Zip: BOCA RATON FL 33496

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANA PELEG

MANAGER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date