

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000222343

**Entity Name:** NURSE PRACTITIONER ON DEMAND LLC

**Current Principal Place of Business:**

4850 N STATE ROAD 7  
SUITE 106G  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4850 N STATE ROAD 7  
106G  
LAUDERDALE LAKES, FL 33319 US

**FEI Number:** 84-3280224

**Certificate of Status Desired:** No

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

MCFARLANE, NADINE N  
4850 N STATE RD. 7  
SUITE 106G  
LAUDERDALE LAKES, FL 33319 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMABR  
Name            MCFARLANE, NADINE  
Address        4850 N STATE RD. 7  
                  SUITE 106G  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            AMBR  
Name            EMILE, CYNTHIA  
Address        4850 N STATE ROAD 7  
                  SUITE 106G  
City-State-Zip: LAUDERDALE LAKES FL 33319

*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:** NADINE MCFARLANE

AMBR

02/06/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date