**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**Feb 16, 2023**
**Secretary of State**
**6502920147CC**

DOCUMENT# L21000150451

**Entity Name:** EXCEPTIONAL NURSING TRAINING CENTER, LLC

**Current Principal Place of Business:**

9200 NW 39TH AVE
STE 130 -3149
GAINESVILLE, FL 32606

**Current Mailing Address:**

9200 NW 39TH AVE
STE 130 -3149
GAINESVILLE, FL 32606 US

**FEI Number: 86-3315263**

**Certificate of Status Desired:** Yes

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

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 | AUTHORIZED MEMBER |
| Name | WARRIOR, CAMILLE |
| Address | 9200 NW 39TH AVE STE 130 - 3149 |
| City-State-Zip: | GAINESVILLE FL 32606 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | OFODUM, CAMILLE CLEYETTA |
| Address | 9200 NW 39TH AVE STE 130 - 3149 |
| City-State-Zip: | GAINESVILLE FL 32606 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | STRANGE, DIRONADA KIONA |
| Address | 9200 NW 39TH AVE<br>STE 130 #3149 |
| City-State-Zip: | GAINESVILLE FL 32606 |

*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: CAMILLE C OFODUM AUTHORIZED MEMBER 02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date