

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000156224

Entity Name: NURSING PLUS, LLC

Current Principal Place of Business:

400 INTERSTATE N PKWY SE
STE 1600
ATLANTA, GA 30339

Current Mailing Address:

400 INTERSTATE N PKWY SE
STE 1600
ATLANTA, GA 30339 US

FEI Number: 20-3034388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 CEO, MANAGER
Name SHANER, JEFFREY
Address 400 INTERSTATE N PKWY SE
 STE 1600
City-State-Zip: ATLANTA GA 30339

Title CFO, MANAGER
Name BUCKHALTER, MATTHEW
Address 400 INTERSTATE N PKWY SE
 STE 1600
City-State-Zip: ATLANTA GA 30339

Title MANAGER
Name STEWART, DEBORAH
Address 400 INTERSTATE N PKWY SE
 STE 1600
City-State-Zip: ATLANTA GA 30339

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: JEFFREY SHANER

**CHIEF EXECUTIVE
OFFICER**

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date