

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000076192

**Entity Name:** NURSEDX OF FLORIDA LLC

**Current Principal Place of Business:**

550 BALMORAL CIRCLE N, UNIT 303  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

6392 MCLEOD DR STE 9  
LAS VEGAS, NV 89120 US

**FEI Number:** 92-2505510

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC  
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            AMBR  
Name            GAYARES, ARLENE  
Address        331 CAPE SEVILLE PL  
City-State-Zip: HENDERSON NV 89015

*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:** GAYARES, ARLENE

**MANAGER**

**01/27/2024**

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

\_\_\_\_\_  
Date