

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000193670

Entity Name: CREEGAN PROFESSIONAL NURSING SERVICES, LLC

Current Principal Place of Business:

2390 NW 15TH STREET
DELRAY BEACH, FL 33445

Current Mailing Address:

2390 NW 15TH STREET
DELRAY BEACH, FL 33445 US

FEI Number: 92-3584136

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CREEGAN, MICHELE
2390 NW 15TH STREET
DELRAY BEACH, FL 33445 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 MGR
Name CREEGAN, MICHELE
Address 4486 CYCAD LANE
City-State-Zip: BOYNTON BEACH FL 33436

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: MICHELE CREEGAN

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date