

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001271

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** NIGHTINGALE HOME HEALTHCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

4901 NW 17TH WAY  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1036 S. RANGELINE ROAD  
CARMEL, IN 46032

**New Mailing Address:**

**FEI Number:** 38-3797303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRATT, DAVID A  
9570 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BRAR, DEV DR.  
Address: 1036 S. RANGLELINE ROAD  
City-St-Zip: CARMEL, IN 46032

Title: DR  
Name: BRAR, DEV DR.  
Address: 1036 S. RANGLELINE ROAD  
City-St-Zip: CARMEL, IN 46032

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MILLIGAN

ATTY

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date