

FD9 000001271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

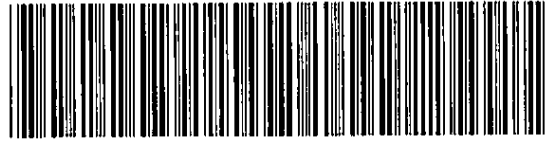
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. HUNT
1/2/24



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
 From: Eyliena Baker
 Ext: 61594
 Date: 01/08/24
 Order #: 1354771-1
 Re: NIGHTINGALE HOME HEALTHCARE OF FLORIDA, INC.
 Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
 Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
 I20000000195

Eyliena Baker

Please take the following action:
 File in your office on basis
 Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 DIVISION OF STATE
 TALLAHASSEE, FL
 ED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of IN in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NIGHTINGALE HOME HEALTHCARE OF FLORIDA, INC.
- 2. The principal office address: 9101 N. Wesleyan Road indianapolis, IN 46268
- 3. The mailing address (if different): PO Box 1710 Carmel, IN 46082
- 4. Date of incorporation/qualification: 03/27/2009 Document number: F09000001271
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PRATT, DAVID A
550 JOHN KNOX VILLAGE BLVD SUITE 200
POMPANO BEACH, FL 33060

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee FL 32301

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 TALLAHASSEE, FL
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/S/ Dr Dev A Brar Dr Dev A Brar - President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
 By: Grace E Kirby 12/18/2023
Signature of Registered Agent Date

If signing on behalf of an entity:
Grace E. Kirby, Asst. Vice President
Typed or Printed Name

***** FILING FEE: \$35.00 *****