

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26268

Entity Name: NIGHTINGALE HOME HEALTH CARE, INC.

Current Principal Place of Business:

6251 CHANCELLOR DRIVE, SUITE 119
ORLANDO, FL 32809

Current Mailing Address:

6251 CHANCELLOR DRIVE, SUITE 119
ORLANDO, FL 32809 US

FEI Number: 59-2973784

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name BURRES, STEVEN B.
Address 6251 CHANCELLOR DRIVE, SUITE 119
City-State-Zip: ORLANDO FL 32809

Title TREASURER
Name PHAN, NAM
Address 6251 CHANCELLOR DRIVE, SUITE 119
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT
Name MENCHEN, ROBIN L
Address 6251 CHANCELLOR DRIVE, SUITE 119
City-State-Zip: ORLANDO FL 32809

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: STEVEN B BURRES

SECRETARY

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date