

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034775

Entity Name: FI-BROWARD NURSING, LLC

Current Principal Place of Business:

1665 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH, FL 33401

Current Mailing Address:

1665 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH, FL 33401 US

FEI Number: 32-0051409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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

Authorized Person(s) Detail :

Title MANAGER
Name JAFFE, HOWARD
Address 1665 PALM BEACH LAKES BLVD.
 SUITE 600
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER
Name ADMINISTRATOR
Address 1665 PALM BEACH LAKES BLVD.
 SUITE 600
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER
Name DIRECTOR OF NURSING
Address 1665 PALM BEACH LAKES BLVD.
 SUITE 600
City-State-Zip: WEST PALM BEACH FL 33401

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: HOWARD JAFFE

MANAGER

04/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date