

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000108880

**Entity Name:** NURSE FOCUS "LLC"

**Current Principal Place of Business:**

545 WEST EUCLID AVENUE  
DELAND , FL 32720

**Current Mailing Address:**

1529 ENFIELD STREET  
DELTONA, FL 32725 US

**FEI Number:** 86-1370519

**Certificate of Status Desired:** Yes

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

DESROSIERS, MARIE- FLORENCE  
1529 ENFIELD STREET  
DELTONA, FL 32725 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:** MARIE- FLORENCE DESROSIERS

10/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DESROSIERS, MARIE FLORENCE  
Address 1529 ENFIELD STREET  
City-State-Zip: DELTONA FL 32725

*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:** MARIE FLORENCE DESROSIERS

**PRESIDENT**

10/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date