

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000064278

Entity Name: NURSE ADVISORS, LLC

Current Principal Place of Business:

640 20TH AVE NW
NAPLES, FL 34120

Current Mailing Address:

13192 SW 19TH STREET
DAVIE, FL 33325 US

FEI Number: 46-5444150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEGALLY, YELINNE R
13192 SW 19TH STREET
DAVIE, FL 33325 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: YELINNE R. MEGALLY

02/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RODRIGUEZ, CARIDAD
Address 640 20TH AVE NW
City-State-Zip: NAPLES FL 34120

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: CARIDAD RODRIGUEZ

OWNER

02/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date