

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000058522

Entity Name: NIGHTINGALE HEALTHCARE MANAGEMENT LLC

Current Principal Place of Business:

57 MOON BAY STREET
NAPLES, FL 34114

Current Mailing Address:

57 MOON BAY STREET
NAPLES, FL 34114 US

FEI Number: 81-1977320

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELMAN, DEBORAH H
57 MOON BAY ST
NAPLES, FL 34114 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 AMBR
Name SELMAN, DEBORAH
Address 57 MOON BAY ST.
City-State-Zip: NAPLES FL 34114

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: DEBORAH HELEN SELMAN

03/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date