

**2020 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

03/02/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date