

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000083550

Entity Name: NIGHTINGALE HEALTH CARE LLC

Current Principal Place of Business:

29G MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

29G MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 US

FEI Number: 81-2477852

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, KATHY A
29G MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 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: KATHY WILSON

03/12/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name WILSON, KATHY A ARNP
Address 29G MIRACLE STRIP PKWY SW
City-State-Zip: FORT WALTON BEACH FL 32548

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: KATHY WILSON

OWNER

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date