

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000083550

**Entity Name:** NIGHTINGALE HEALTH CARE LLC

**Current Principal Place of Business:**

151 MARY ESTHER BLVD  
SUITE 408  
MARY ESTHER, FL 32569

**Current Mailing Address:**

151 MARY ESTHER BLVD  
SUITE 408  
MARY ESTHER, FL 32569 US

**FEI Number:** 81-2477852

**Certificate of Status Desired:** No

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

WILSON, KATHY A  
151 MARY ESTHER BLVD  
UNIT 408  
MARY ESTHER, FL 32569 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            AUTHORIZED REPRESENTATIVE  
Name            WILSON, KATHY A ARNP  
Address        151 MARY ESTHER BLVD  
                  SUITE 408  
City-State-Zip: MARY ESTHER FL 32569

*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**

**03/29/2018**

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

\_\_\_\_\_  
Date