

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000138061

Entity Name: HEALTHFRONT NURSING SOLUTIONS, LLC

Current Principal Place of Business:

2928 SW 5 ST
MIAMI, FL 33135

Current Mailing Address:

2928 SW 5 ST
MIAMI, FL 33135

FEI Number: 82-2134857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, YULEIDY
2928 SW 5 ST
MIAMI, FL 33135 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 MGR
Name ALVAREZ, YULEIDY
Address 2928 SW 5 ST
City-State-Zip: MIAMI FL 33135

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: YULEIDY ALVAREZ

MANAGER

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date