

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000197728

Entity Name: MDAVIS NURSING AND DELEGATION, LLC

Current Principal Place of Business:

5201 NORTHDAL BLVD.
TAMPA, FL 33624

Current Mailing Address:

5201 NORTHDAL BLVD.
TAMPA, FL 33624 US

FEI Number: 83-1614835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, MARIE L
5201 NORTHDAL BLVD.
TAMPA, FL 33624 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 OWNER
Name DAVIS, MARIE LYNETTE
Address 5201 NORTHDAL BLVD.
City-State-Zip: TAMPA FL 33624

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: MARIE DAVIS

OWNER

02/06/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date