

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000222343

Entity Name: NURSE PRACTITIONER ON DEMAND LLC

Current Principal Place of Business:

4850 N STATE ROAD 7
SUITE 106G
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4850 N STATE ROAD 7
106G
LAUDERDALE LAKES, FL 33319 US

FEI Number: 84-3280224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCFARLANE, NADINE N
4850 N STATE RD. 7
SUITE 106G
LAUDERDALE LAKES, FL 33319 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 AMABR
Name MCFARLANE, NADINE
Address 4850 N STATE RD. 7
 SUITE 106G
City-State-Zip: LAUDERDALE LAKES FL 33319

Title AMBR
Name EMILE, CYNTHIA
Address 4850 N STATE ROAD 7
 SUITE 106G
City-State-Zip: LAUDERDALE LAKES FL 33319

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: NADINE MCFARLANE

AMBR

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date