

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000222343

**Entity Name:** NURSE PRACTITIONER ON DEMAND LLC

**Current Principal Place of Business:**

4846 N UNIVERSITY DRIVE  
537  
LAUDERHILL, FL 33351

**Current Mailing Address:**

4846 N UNIVERSITY DRIVE  
537  
LAUDERHILL, FL 33351 US

**FEI Number:** 84-3280224

**Certificate of Status Desired:** No

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

MCFARLANE, NADINE N  
6801 NW 46TH CT  
LAUDERHILL, 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	Title	AMBR
Name	MCFARLANE, NADINE	Name	SMITH, IAN
Address	6801 NW 46TH CT	Address	6801 NW 46TH CT
City-State-Zip:	LAUDERHILL FL 33319	City-State-Zip:	LAUDERHILL 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

AMABR

01/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date