

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001271

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC4131464186**

**Entity Name:** NIGHTINGALE HOME HEALTHCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

1036 S. RANGELINE ROAD  
CARMEL, IN 46032

**Current Mailing Address:**

1036 S. RANGELINE ROAD  
CARMEL, IN 46032

**FEI Number: 38-3797303**

**Certificate of Status Desired: No**

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

PRATT, DAVID A  
550 JOHN KNOX VILLAGE BLVD  
SUITE 200  
POMPANO BEACH, FL 33060 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

**Officer/Director Detail :**

Title DR  
Name BRAR, DEV DR.  
Address 1036 S. RANGLELINE ROAD  
City-State-Zip: CARMEL IN 46032

Title DR  
Name BRAR, DEV DR.  
Address 1036 S. RANGLELINE ROAD  
City-State-Zip: CARMEL IN 46032

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DR. DEV BRAR**

**PRESIDENT**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date