

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001271

FILED
Mar 26, 2013
Secretary of State
CC5041307553

Entity Name: NIGHTINGALE HOME HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

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

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
9570 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 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	Title	DR
Name	BRAR, DEV DR.	Name	BRAR, DEV DR.
Address	1036 S. RANGLELINE ROAD	Address	1036 S. RANGLELINE ROAD
City-State-Zip:	CARMEL IN 46032	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

03/26/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date