

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001271

FILED
Jan 29, 2024
Secretary of State
5729157487CC

Entity Name: NIGHTINGALE HOME HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

9101 N. WESLEYAN ROAD
INDIANAPOLIS, IN 46268

Current Mailing Address:

PO BOX 1710
CARMEL, IN 46082 US

FEI Number: 38-3797303

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT
Name BRAR, DEV DR.
Address 9101 N. WESLEYAN RD.
 SUITE 310
City-State-Zip: INDIANAPOLIS IN 46268

Title SECRETARY
Name BRAR, DEV DR.
Address 9101 N. WESLEYAN RD.
 SUITE 310
City-State-Zip: INDIANAPOLIS IN 46268

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: DEV DR. BRAR

PRESIDENT

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date