

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001271

Entity Name: NIGHTINGALE HOME HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

3535 EAST 96TH STREET
SUITE 130
INDIANAPOLIS, IN 46240

Current Mailing Address:

3535 EAST 96TH STREET
SUITE 130
INDIANAPOLIS, IN 46240 US

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 3535 EAST 96TH STREET
SUITE 130
City-State-Zip: INDIANAPOLIS IN 46240

Title DR
Name BRAR, DEV DR.
Address 3535 EAST 96TH STREET
SUITE 130
City-State-Zip: INDIANAPOLIS IN 46240

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 A. BRAR

PRESIDENT

08/16/2017

Electronic Signature of Signing Officer/Director Detail

Date