

2023 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09000001271

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: Yes

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: DAVID A PRATT

12/08/2023

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 A BRAR

PRESIDENT

12/08/2023

Electronic Signature of Signing Officer/Director Detail

Date