

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004680

**Entity Name:** LIBERTY NURSING AGENCY INC.

**Current Principal Place of Business:**

426 HERBERTSVILLE RD.  
BRICK, NJ 08724

**Current Mailing Address:**

426 HERBERTSVILLE RD.  
BRICK, NJ 08724

**FEI Number: 20-4858064**

**Certificate of Status Desired: No**

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

FLYNN, BRIAN  
508 RIDGEWOOD ST.  
ALTAMONTE SPRINGS, FL 32701 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           | CHRM              | Title           | P                 |
| Name            | MEYER, PATRICIA   | Name            | MEYER, PATRICIA   |
| Address         | 320 GREENTREE RD. | Address         | 320 GREENTREE RD. |
| City-State-Zip: | BRICK NJ 08724    | City-State-Zip: | BRICK NJ 08724    |

*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: PATRICIA MEYER**

**PRESIDENT**

**03/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date