

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

Entity Name: 360 HEALTHCARE STAFFING LLC

FILED  
Feb 19, 2009  
Secretary of State

**Current Principal Place of Business:**

1000 FIANNA WAY  
FORT SMITH, AR 72919

**New Principal Place of Business:**

**Current Mailing Address:**

1000 FIANNA WAY  
FORT SMITH, AR 72919

**New Mailing Address:**

FEI Number: 43-1974983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PD ( ) Delete  
Name: TARIF, CHERIE  
Address: 1000 FIANNA WAY  
City-St-Zip: FORT SMITH, AR 72919

Title: VPD ( ) Delete  
Name: BURCH, L. DARLENE  
Address: 1000 FIANNA WAY  
City-St-Zip: FORT SMITH, AR 72919

Title: S ( ) Delete  
Name: RASMUSSEN-JONES, HOLLY A  
Address: 1000 FIANNA WAY  
City-St-Zip: FORT SMITH, AR 72919

Title: TAS ( ) Delete  
Name: TRUITT, ANN  
Address: 1000 FIANNA WAY  
City-St-Zip: FORT SMITH, AR 72919

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition  
Name: WEINZ, JEANETTE G  
Address: 1000 FIANNA WAY  
City-St-Zip: FORT SMITH, AR 72919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HOLLY A. RASMUSSEN-JONES

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02/19/2009

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date