

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

FILED
Apr 23, 2012
Secretary of State

Entity Name: 360 HEALTHCARE STAFFING LLC

Current Principal Place of Business:

1000 FIANNA WAY
FORT SMITH, AR 72919

New Principal Place of Business:

ONE LEGACY TOWN CENTER
7160 N. DALLAS PKWY, STE 400
PLANO, TX 75024

Current Mailing Address:

1000 FIANNA WAY
FORT SMITH, AR 72919

New Mailing Address:

1000 FIANNA WAY
LEGAL DEPT - MD: 4824
FORT SMITH, AR 72919

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
Name: KARICHER, MICHAEL
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: VPD
Name: HELM, PAUL M
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

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

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

I hereby 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

SEC

04/23/2012

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