

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000102552

**Entity Name:** HEALTHCARE TALENT STAFFING, LLC

**Current Principal Place of Business:**

600 FALLSMEAD CIR.  
LONGWOOD, FL 32750

**Current Mailing Address:**

7025 CR 46A STE.1071  
#256  
LAKE MARY, FL 32746 US

**FEI Number:** 38-3853660

**Certificate of Status Desired:** No

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

BACHOVE, GABRIEL G  
600 FALLSMEAD CIR.  
LONGWOOD, FL 32750 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

**Authorized Person(s) Detail :**

Title MGR  
Name BACHOVE, GABRIEL G  
Address 600 FALLSMEAD CIR.  
City-State-Zip: LONGWOOD FL 32750

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GABRIEL BACHOVE

PRESIDENT

01/08/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date