

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000018806

**Entity Name:** NURSES FIRST STAFFING, LLC.

**Current Principal Place of Business:**

1817 CRESCENT BLVD.  
103  
ORLANDO, FL 32817

**Current Mailing Address:**

1817 CRESCENT BLVD.  
103  
ORLANDO, FL 32817

**FEI Number:** 46-4774776

**Certificate of Status Desired:** Yes

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

CARUSO, STEVE  
486 N HARBOR CITY BLVD.  
MELBOURNE, FL 32935 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	Title	MGR
Name	ELLIOTT, RONNIE	Name	MANUEL, RICHARD
Address	1817 CRESCENT BLVD.	Address	1817 CRESCENT BLVD.
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	ORLANDO FL 32817
Title	MGR	Title	MANAGER
Name	CORTEZ, ALVIN D	Name	RUFFINO, GERARD
Address	1817 CRESCENT BLVD.	Address	4237 HIDDEN LAKE DR
City-State-Zip:	ORLANDO FL 32817	City-State-Zip:	PORT ORANGE FL 32129

*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:** ALVIN CORTEZ

**MANAGING MEMBER**

**02/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date