

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000110155

**Entity Name:** TGH HEALTH CARE STAFFING SOLUTIONS, LLC

**Current Principal Place of Business:**

ONE TAMPA GENERAL CIR  
TAMPA, FL 33606-3571

**Current Mailing Address:**

PO BOX 1289  
TAMPA, FL 33601-1289 US

**FEI Number: 37-1829481**

**Certificate of Status Desired:** No

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

CF REGISTERED AGENT, INC.  
100 S. ASHLEY DR., SUITE 400  
TAMPA, FL 33602 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 DIRECTOR  
Name SMITH, ADAM  
Address ONE TAMPA GENERAL CIR  
City-State-Zip: TAMPA FL 33606-3571

Title PRESIDENT, DIRECTOR  
Name KIVETT, QUALENTA  
Address ONE TAMPA GENERAL CIR  
City-State-Zip: TAMPA FL 33606-3571

Title DIRECTOR  
Name LAMBERT, RONETTA  
Address PO BOX 1289  
City-State-Zip: TAMPA FL 33601-1289

Title TREASURER  
Name LANGDOC, MEAGAN  
Address PO BOX 1289  
City-State-Zip: TAMPA FL 33601-1289

Title SECRETARY  
Name CARPENTER, TYLER  
Address PO BOX 1289  
City-State-Zip: TAMPA FL 33601-1289

*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: ADAM SMITH**

**DIRECTOR**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date