

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000202041

Entity Name: AMERICAN HEALTHCARE STAFFING ASSOCIATION, LLC

Current Principal Place of Business:

3051 WILLOWOOD RD
EDMOND, OK 73034

Current Mailing Address:

3051 WILLOWOOD RD
EDMOND, OK 73034 US

FEI Number: 56-2374093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name NALL, TREBOR
Address 3051 WILLOWOOD RD
City-State-Zip: EDMOND OK 73034

Title MANAGER
Name SMITH, MARK
Address 3051 WILLOWOOD RD
City-State-Zip: EDMOND OK 73034

Title MEMBER
Name AMERICAN HEALTH STAFFING
GROUP, INC.
Address 3051 WILLOWOOD RD
City-State-Zip: EDMOND OK 73034

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: TREBOR NALL

MANAGER

01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date