

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

Entity Name: 360 HEALTHCARE STAFFING LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 43-1974983

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

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

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

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

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: HOLLY RASMUSSEN-JONES

SECRETARY

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date