

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

Entity Name: 360 HEALTHCARE STAFFING LLC**Current Principal Place of Business:**333 1ST STREET N SUITE 200
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**333 1ST STREET N SUITE 200
JACKSONVILLE BEACH, FL 32250 US**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	MANAGER
Name	ELIAS, JON E
Address	550 S. DIXIE HWY SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

Title	MANAGER
Name	REYNOLDS, STEPHEN
Address	550 S. DIXIE HWY #300
City-State-Zip:	CORAL GABLES FL 33146

Title	MANAGER
Name	VANDENBERG JR , PETER
Address	550 S. DIXIE HWY #300
City-State-Zip:	CORAL GABLES FL 33146

Title	MANAGER
Name	COOPER, DWIGHT
Address	333 1ST STREET N SUITE 200
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	MANAGER
Name	HELM, PAUL
Address	333 1ST STREET N SUITE 200
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: DAVID GERSHMAN

VICE PRESIDENT

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date