

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002620

**FILED**  
**Jan 17, 2019**  
**Secretary of State**  
**1965715249CC**

**Entity Name:** 360 HEALTHCARE STAFFING LLC

**Current Principal Place of Business:**

5401 WEST KENNEDY BLVD  
SUITE 830  
TAMPA, FL 33609

**Current Mailing Address:**

5401 WEST KENNEDY BLVD  
SUITE 830  
TAMPA, FL 33609 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           MEIER, CRAIG  
Address        1010 NORTH 102 STREET  
                  SUITE 300  
City-State-Zip: OMAHA NE 68114

Title           MANAGER  
Name           PATEL, SHAMIK  
Address        345 CALIFORNIA STREET  
                  SUITE 3300  
City-State-Zip: SAN FRANCISCO CA 94104

Title           MANAGER  
Name           HOBART, MATTHEW  
Address        345 CALIFORNIA STREET  
                  SUITE 3300  
City-State-Zip: SAN FRANCISCO CA 94104

*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:** CRAIG MEIER

**MANAGER**

**01/17/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date