

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B05000000529

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** COMPLETE MEDICAL STAFFING, L.P.

**Current Principal Place of Business:**

700 N. COLORADO BLVD.  
STE. 318  
DENVER, CO 80206

**New Principal Place of Business:**

**Current Mailing Address:**

700 N. COLORADO BLVD.  
STE. 318  
DENVER, CO 80206

**New Mailing Address:**

**FEI Number:** 32-0005959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

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

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

**GENERAL PARTNER INFORMATION:**

Document #:  
Name: CMS ADMINISTRATION, INC.  
Address: 700 N. COLORADO BLVD. #318  
City-St-Zip: DENVER, CO 80206

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MICHAEL JORDAN

PRES

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date