


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90040 019 \*\*\*\*50.00

<b>DOCUMENT # L00000006523</b> 1. Entity Name <b>STAFF MEDICAL, LLC</b>					
Principal Place of Business <b>2963 GULF TO BAY BLVD., STE 210 CLEARWATER, FL 33759</b>			Mailing Address <b>2963 GULF TO BAY BLVD., STE 210 CLEARWATER, FL 33759</b>		
2. Principal Place of Business <b>2963 Gulf to Bay Blvd</b> Suite, Apt. #, etc. <b>Suite 250</b>		3. Mailing Address <b>2963 Gulf to Bay Blvd</b> Suite, Apt. #, etc. <b>Suite 250</b>			
City & State <b>Clearwater, FL</b> Zip <b>33759</b>		City & State <b>Clearwater, FL</b> Zip <b>33759</b>		4. FEI Number <b>59-3655236</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				08162005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>SULLIVAN, JENNIFER</b> <b>2963 GULF TO BAY BLVD., STE 210</b> <b>CLEARWATER, FL 33759</b>			7. Name and Address of New Registered Agent Name <b>Jennifer Sullivan</b> Street Address (P.O. Box Number is Not Acceptable) <b>2963 Gulf to Bay Blvd.</b> <b>Suite 250</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33759</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SULLIVAN, JENNIFER</b> <b>2963 GULF TO BAY BLVD., STE 210</b> <b>CLEARWATER, FL 33759</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Sullivan, Jennifer</b> <b>2963 Gulf to Bay Blvd., Suite 250</b> <b>Clearwater FL 33759</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: <b>Jennifer Sullivan</b>			Date: <b>8/25/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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