2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0000006523 1. Entity Name STAFF MEDICAL, LLC					08-29-2005 90040 019 ****50.00			50.00	
Principal Place of Business		Mailing Address				200	6/384		
2963 GULF TO BAY BLVD., STE 210 Clearwater, FL 33759		2963 GULF TO BAY BLVD., STE 210 Clearwater, FL 33759					•	- · · ·	• •
D. Data da al C	Manage of Description	La sa ye a ci							
2. Principal Place of Business 2963 Golf to Bay Blud Suite, Apt. #, etc.		3. Mailing Address 2963 GUF to Bay B Suite, Apt. #, etc.		y Blud					
Suite 250		Suite 250		08162005	Chg-LLC	CF	R2E083 (10/0:	3)	
City & State Cleasurates, FL		City & State		4. FEI Numb	_		— — i	Applied For	
Zip	Country	Clear evalue	Country	- 	59-365	***		\$5.00 A	Not Applicable
33759	9 US.A.	33759	U.S.1	A .	5. Certificate	of Status Des	ired 🔲	Fee Requ	
	6. Name and Address of Current F	legistered Agent	Nam	<u> </u>	7. Name and	Address of h	lew Registe	red Agent	
SULLIVAN	I, JENNIFER			<u>Jen</u>	niter				
2963 GULF TO BAY BLVD., STE 210 CLEARWATER, FL 33759			Stree		P.O. Box Numb ろくし			· buk	
				Sui	le 250	>			
. •			City	Cle	aluvas	to_		FL Zip G	xde 3759
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered offic	e or register	ed agent, or bo	th, in the State	of Florida.	am familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	vi title if applicable (MOTE: F	Registared Agent si	ionet ve recuired	when reinstations			ATE	
			TOP-SEC OU F-QUITE BE	State to done	when remaining/			NIE .	
	•								
	ing Fee is \$50.00 by September 7, 2005	·				FI		ck payable to urtment of St	
Due t	y September 7, 2005 MANAGING MEMBER		10.					GES	ate
9.	MANAGING MEMBER	S/MANAGERS Defete	TITLE	me	was le	ADDITI	orida Depa	GES Change	ate
Due t	MANAGING MEMBER MGR SULLIVAN, JENNIFER	☐ Delate		5,11	was le	ADDITI	orida Depa	GES Change	ate
9. TITLE NAME	MANAGING MEMBER	☐ Delate	TITLE NAME	5011 \$29.63		ADDITI Enrifer Bay Blu	ONS/CHAN	GES Change	ate
9. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR SULLIVAN, JENNIFER 2963 GULF TO BAY BLVD., STE 2	☐ Delate	TITLE NAME STREET ADORES CITY-ST-ZIP TITLE	5011 \$29.63	ivan, Je Gulfto	ADDITI Enrifer Bay Blu	ONS/CHAN	GES Change	ate Addition
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11. I nereby 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 carbit, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/25/05

Daytime Phone #