

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000003525

FILED  
Apr 05, 2002 8:00 AM  
Secretary of State

**Entity Name:** NURSE STAFFING OF ST. PETERSBURG, LLC

**Current Principal Place of Business:**

5047 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

5047 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 52-2301106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRISTELLO, FELIX  
933 LEE ROAD, SUITE 325  
ORLANDO, FL 32810 US

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

CRISTELLO, FELIX  
933 LEE ROAD  
SUITE 325  
ORLANDO, FL 32810 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:**

04/05/2002

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** NURSE STAFFING HOLDI, NG, LLC  
**Address:** 933 LEE ROAD, SUITE 325  
**City-St-Zip:** ORLANDO, FL 32810

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

**SIGNATURE:** FELIX CRISTELLO, MGRM, NURSE STAFFING HOLD

MGRM

04/05/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date