

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003525

FILED
Apr 29, 2004
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:

1131 ARBOR HILL CIRCLE
CLERMONT, FL 34711

Current Mailing Address:

1155 S SEMORAN BLVD
SUITE 1137
WINTER PARK, FL 32792

New Mailing Address:

1131 ARBOR HILL CIRCLE
CLERMONT, FL 34711

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
1155 S SEMORAN BLVD
SUITE 1137
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

CRISTELLO, FELIX
1131 ARBOR HILL CIRCLE
CLERMONT, FL 34711 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:

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NURSE STAFFING HOLDI, NG, LLC
Address: 1155 S SEMORAN BLVD, SUITE 1137
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NURSE STAFFING HOLDI, NG, LLC
Address: 1131 ARBOR HILL CIRCLE
City-St-Zip: CLERMONT, FL 34711

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: NURSE STAFFING HOLDING, LLC BY FELIX CRIST

MGRM

04/29/2004

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