

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000004528

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

**Entity Name:** NURSE STAFFING TEMPS OF FLORIDA, LLC

**Current Principal Place of Business:**

933 LEE ROAD  
SUITE 325  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

933 LEE ROAD  
SUITE 325  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 52-2304995

**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

**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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NURSE STAFING TEMP M, ANAGEMENT LLC  
Address: 933 LEE ROAD  
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 TEMP

MGRM

04/05/2002

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