2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L01000006393

Entity Name: NURSE STAFFING MANAGEMENT, LLC

Current Principal Place of Business:

1131 ARBOR HILL CIRCLE
CLERMONT, FL 34711

New Principal Place of Business:

1131 ARBOR HILL CIRCLE
MINNEOLA, FL 34715

Current Mailing Address:

1131 ARBOR HILL CIRCLE
CLERMONT, FL 34711

New Mailing Address:

1131 ARBOR HILL CIRCLE
MINNEOLA, FL 34715

FEI Number: 52-2313030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CRISTELLO, FELIX
1131 ARBOR HILL CIRCLE
MINNEOLA, FL 34715 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: 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CRISTELLO, FELIX
Address: 1131 ARBOR HILL CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CRISTELLO, FELIX
Address: 1131 ARBOR HILL CIRCLE
City-St-Zip: MINNEOLA, FL 34715

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 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date