2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L01000006393

Entity Name: NURSE STAFFING MANAGEMENT, LLC

Current Principal Place of Business:

1131 ARBOR HILL CIRCLE
MINNEOLA, FL 34715

New Principal Place of Business:

Current Mailing Address:

1131 ARBOR HILL CIRCLE
MINNEOLA, FL 34715

New Mailing Address:

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
MINNEOLA, FL 34715 US

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/MANAGERS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CRISTELLO, FELIX
Address: 1542 BELFIORE WAY
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Change (X) Addition
Name: CRISTELLO, MEGAN
Address: 1542 BELFIORE WAY
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 03/13/2008

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