2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# L01000006412

Entity Name: NURSE STAFFING MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

933 LEE ROAD
SUITE 325
ORLANDO, FL 32810

New Principal Place of Business:

1155 S SEMORAN BLVD
SUITE 1137
WINTER PARK, FL 32792

Current Mailing Address:

933 LEE ROAD
SUITE 325
ORLANDO, FL 32810

New Mailing Address:

1155 S SEMORAN BLVD
SUITE 1137
WINTER PARK, FL 32792

FEI Number: 52-2313026 **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:

CRISTELLO, FELIX
1155 S SEMORAN BLVD
SUITE 1137
WINTER PARK, FL 32792

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: _____ 04/28/2003
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: NURSE STAFFING MANAG, EMENT, LLC
Address: 933 LEE ROAD
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NURSE STAFFING MANAG, EMENT, LLC
Address: 1155 S SEMORAN BLVD, SUITE 1137
City-St-Zip: WINTER PARK, FL 32792

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 04/28/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date