2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L02000018244

Entity Name: NATIONAL HEALTHCARE STAFFING, LLC

Current Principal Place of Business:

6161 BLUE LAGOON DR
STE 100
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6161 BLUE LAGOON DR
STE 100
MIAMI, FL 33126

New Mailing Address:

FEI Number: 33-1014711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, ALDO
1830 WEST OAK KNOLL CIRCLE
FT. LAUDERDALE, FL 33324

Name and Address of New Registered Agent:

RODRIGUEZ, ALDO
6161 BLUE LAGOON DR
STE 100
MIAMI, FL 33126

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: ALDO RODRIGUEZ 04/27/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: RADRIGUEZ, ALFO
Address: 1830 WEST OAK KNOLL CIRCLE
City-St-Zip: FT. LAUDERDALE, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RODRIGUEZ, ALDO
Address: BLUE LAGOON DRIVE, STE 100
City-St-Zip: MIAMI, FL 33126

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: ALDO RODRIGUEZ MGR 04/27/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date