

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018244

FILED
Feb 13, 2008
Secretary of State

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:

5775 BLUE LAGOON DR
STE 300
MIAMI, FL 33126

Current Mailing Address:

6161 BLUE LAGOON DR
STE 100
MIAMI, FL 33126

New Mailing Address:

5901 BROKEN SOUND PARKWAY NW
STE 450
BOCA RATON, FL 33487

FEI Number: 33-1014711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENENDEZ, JOSE
6161 BLUE LAGOON DR
STE 100
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MENENDEZ, JOSE
5775 BLUE LAGOON DR
STE 300
MIAMI, FL 33126 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:

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: KILISSANLY, PETER E.
Address: 6161 BLUE LAGOON DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33126

Title: CFO () Delete
Name: SANTANA, ROBERT
Address: 6161 BLUE LAGOON DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33126

Title: EVP () Delete
Name: MENENDEZ, JOSE M
Address: 6161 BLUE LAGOON DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33126

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: KRASKA, LAWRENCE
Address: 5775 BLUE LAGOON DRIVE, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: CFO (X) Change () Addition
Name: MILOSZEWSKI, THOMAS
Address: 5775 BLUE LAGOON DRIVE, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: EVP (X) Change () Addition
Name: MENENDEZ, JOSE M
Address: 5775 BLUE LAGOON DRIVE, SUITE 300
City-St-Zip: MIAMI, FL 33126

Title: VP () Change (X) Addition
Name: MCCOLPIN, PATRICK
Address: 5775 BLUE LAGOON DR. SUITE 300
City-St-Zip: MIAMI, FL 33126

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: JOSE MENENDEZ

EVP

02/13/2008

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