

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000018244

FILED
Oct 20, 2009
Secretary of State

Entity Name: NATIONAL HEALTHCARE STAFFING, LLC

Current Principal Place of Business:

5775 BLUE LAGOON DR
STE 300
MIAMI, FL 33126

New Principal Place of Business:

5901 BROKEN SOUND PARKWAY
STE 500
BOCA RATON, FL 33487

Current Mailing Address:

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

New Mailing Address:

524 E. LAMAR BLVD.
SUITE 300
ARLINGTON, TX 76011

FEI Number: 33-1014711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MICHAEL E. JONES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: KRASKA, LAWRENCE
Address: 5901 BROKEN SOUND PARKWAY , STE 500
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change () Addition
Name: MCCOLPIN, PATRICK
Address: 524 E. LAMAR BLVD., SUITE 300
City-St-Zip: ARLINGTON, TX 76011

Title: SEC (X) Change () Addition
Name: FRIEDRICHS, CHRIS
Address: 524 E. LAMAR BLVD., SUITE 300
City-St-Zip: ARLINGTON, TX 76011

Title: DIR (X) Change () Addition
Name: LIVONIUS, ROBERT
Address: 524 E. LAMAR BLVD., SUITE 300
City-St-Zip: ARLINGTON, TX 76011

Title: DIR () Change (X) Addition
Name: FRIEDRICHS, CHRIS
Address: 524 E. LAMAR BLVD., SUITE 300
City-St-Zip: ARLINGTON, TX 76011

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: CHRIS FRIEDRICHS

SEC

10/20/2009

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