

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018244

FILED
Jun 01, 2010
Secretary of State

Entity Name: NATIONAL HEALTHCARE STAFFING, LLC

Current Principal Place of Business:

5901 BROKEN SOUND PARKWAY
STE 500
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

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

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:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: RUTHERFORD, CHRISTIAN
Address: 3668 S. GEYER RD. SUITE 100
City-St-Zip: SUNSET HILLS, MO 63127

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

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

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

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

I hereby 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

06/01/2010

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