
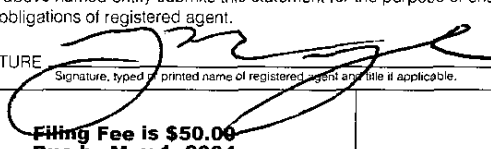
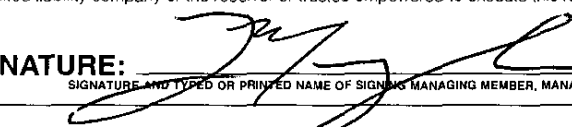


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 012 ****50.00

DOCUMENT # L03000010260					
1. Entity Name CPRI HEALTHCARE STAFFING, LLC					
Principal Place of Business 3604 UNIVERSITY BLVD SOUTH SUITE 1 JACKSONVILLE, FL 32216			Mailing Address 7612 CHIPWOOD LANE JACKSONVILLE, FL 32256		
2. Principal Place of Business <i>4720 Salisbury Rd. Ste 115</i>		3. Mailing Address <i>same as</i>			
Suite, Apt. #, etc. <i>115</i>		Suite, Apt. #, etc. <i>business</i>			
City & State <i>Jacksonville FL</i>		City & State		4. FEI Number <i>06-1685987</i>	
Zip <i>32256</i>		Country <i>Duval</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKINNER, SCOTT D 7612 CHIPWOOD LANE JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name <i>Robert J. Meagher</i> Street Address (P.O. Box Number is Not Acceptable) <i>20 Porto Mar #702</i> <i>Palm Coast,</i> City <i>FL</i> Zip Code <i>32137</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>				DATE <i>4-5-04</i>	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMPREHESIVE PROFESSIONAL RESOURCES INTERN 7612 CHIPWOODLANE JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>4-5-04</i> Daytime Phone #	