

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010260

FILED
Apr 16, 2005
Secretary of State

Entity Name: CPRI HEALTHCARE STAFFING, LLC

Current Principal Place of Business:

4720 SALISBURY RD. STE 115
115
JACKSONVILLE, FL 32256

New Principal Place of Business:

4720 SALISBURY RD. STE 115
108
JACKSONVILLE, FL 32256

Current Mailing Address:

C/O SUE MEAGHER
20 PORTO MAR SUITE 702
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 06-1685982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAGHER, ROBERT J
20 PORTO MAR
#702
PALM COAST, FL 32137 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/MEMBERS:

Title: MGR () Delete
Name: COMPREHENSIVE PROFESSIONAL RESOURCE SERVICES INTERN
Address: 7612 CHIPWOODLANE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COMPREHENSIVE PROFESSIONAL RESOURCE SERVICES INTERN
Address: 20 PORTO MAR #702
City-St-Zip: PALM COAST, FL 32137

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: ROBERT J. MEAGHER

CHM

04/16/2005

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