## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024104

Entity Name: SUPERIOR MEDICAL STAFFING, LLC

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1 NE 1ST AVENUE 501 N. MAGNOLIA AVENUE

SUITE 101 SUITE 102 OCALA, FL 34470

ORLANDO, FL 32801

**New Mailing Address: Current Mailing Address:** 

1 NE 1ST AVENUE 501 N. MAGNOLIA AVENUE

SUITE 101 SUITE 102

OCALA, FL 34470 ORLANDO, FL 32801

FEI Number: 75-3122834 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUDEK, SCOTT DUDEK, SCOTT

1 NE 1ST AVENUE 501 N. MAGNOLIA AVENUE SUITE 102 SUITE 101

OCALA, FL 34470 US ORLANDO, FL 32801 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: 04/30/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

DUDEK, SCOTT Name: Name: DUDEK, SCOTT 1825 PRAIRE LAKE BLVD Address: 225 SOUTHERN PECAN CIRCLE, #203 Address:

City-St-Zip: OCOEE, FL 34761 City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete Title: () Change () Addition

CRISTELLO, FELIX Name: Name: Address: 1131 ARBOR HILL CIRCLE Address: City-St-Zip: MINNEOLA, FL 34715 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

ERNST, ERIC Name: ERNST, ERIC Name: Address: 909 LILAC TRACE LN Address: 14733 CATLIN ROAD City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828

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: SCOTT DUDEK **MGRM** 04/30/2007