2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024104

Entity Name: SUPERIOR MEDICAL STAFFING, LLC

FILED May 01, 2009 Secretary of State

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

933 LEE ROAD 2431 ALOMA AVENUE

SUITE 325 SUITE 112

ORLANDO, FL 32810 WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

933 LEE ROAD 2431 ALOMA AVENUE

SUITE 112 SUITE 325

ORLANDO, FL 32810 WINTER PARK, FL 32792

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

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DUDEK, SCOTT DAVIERO, ANTHONY 933 LEÉ ROAD 2431 ALOMA AVENUE

SUITE 325 SUITE 112

ORLANDO, FL 32810 US WINTER PARK, FL 32792 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: ANTHONY DAVIERO

05/01/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

DUDEK, SCOTT DAVIERO, ANTHONY Name: Name: Address: 225 SOUTHERN PECAN CIRCLE, #203 Address: 2431 ALOMA AVENUE, SUITE 112

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER PARK, FL 32792

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

Name: CRISTELLO, FELIX Name: Address: 1542 BELFIORE WAY Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip:

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

CRISTELLO, MEGAN Name: Name: Address: 1542 BELFIORE WAY Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip:

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: ANTHONY DAVIERO 05/01/2009