2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000028863

Entity Name: NATIONAL PHYSICIANS STAFFING, LLC

Current Principal Place of Business:

6161 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6161 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENENDEZ, JOSE M
6161 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126

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: MGRM ( ) Delete
Name: NATIONAL HEALTHCARE, STAFFING, LLC
Address: 6161 BLUE LAGOON DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MENENDEZ, JOSE M MGRM
Address: 6161 BLUE LAGOON DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33126

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: JOSE MENENDEZ MFRM 04/29/2004

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