2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State
02-21-2006 90179 035 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L04000026444

1. Entity Name
MEDICAL STAFFING ASSOCIATION OF AMERICA MSAA, LLC

Principal Place of Business	Mailing Address
100 W KENNEDY BLVD SUITE 250 TAMPA FL 33602	100 W KENNEDY BLVD SUITE 250 TAMPA FL 33602
2. Principal Place of Business: 1487 Gulf to Bay Blvd	3. Mailing Address: 1487 Gulf to Bay Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater Florida	City & State: Clearwater Florida
Zip: 33755 Country: USA	Zip: 33755 Country: USA

4. FEI Number: 20-1115299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LICATA, VINCENT 4052 WELLINGTON PARKWAY PALM HARBOR FL 34685	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIENTA, VINCENT 100 W KENNEDY BLVD, STE 250 TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Vincent Licata 3-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #