

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055605

FILED
Mar 13, 2009
Secretary of State

Entity Name: HEALTH EDGE STAFFING, LLC

Current Principal Place of Business:

2700 WESTHALL LANE
SUITE 145
MAITLAND, FL 32751

New Principal Place of Business:

159 E LAKE BRANTLEY DRIVE
LONGWOOD, FL 32779

Current Mailing Address:

2700 WESTHALL LANE
SUITE 145
MAITLAND, FL 32751

New Mailing Address:

159 E LAKE BRANTLEY DRIVE
LONGWOOD, FL 32779

FEI Number: 20-1417194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JUSTIN
2700 WESTHALL LANE
SUITE 145
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

KING, JUSTIN
159 E LAKE BRANTLEY DRIVE
LONGWOOD, FL 32779 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:

03/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, JUSTIN
Address: 2700 WESTHALL LANE SUITE 145
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KING, JUSTIN
Address: 159 E LAKE BRANTLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: JUSTIN KING

MGRM

03/13/2009

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