

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90113 006 ****55.00

DOCUMENT # L06000000805

1. Entity Name
PAX HEALTHCARE STAFFING, LLC



Principal Place of Business
**8322 SUMMER GREENS TERRACE
BRADENTON, FL 34212**

Mailing Address
**8322 SUMMER GREENS TERRACE
BRADENTON, FL 34212**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06062007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
74-3157815

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARGARETTE, JUERAKHAN W
3509 CHESHIRE SQUARE
UNIT A
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **JUERAKHAN, JEFFERSON D**
STREET ADDRESS **250 CAPE HARBOUR LOOP**
CITY-ST-ZIP **BRADENTON, FL 34212**

TITLE **S** ☐ Delete
NAME **JUERAKHAN, MARGARETTE**
STREET ADDRESS **250 CAPE HARBOUR LOOP**
CITY-ST-ZIP **BRADENTON, FL 34212**

TITLE **V.P.** ☐ Delete
NAME **Saint-Rose, Guettchine**
STREET ADDRESS **20013 ISOBAR AVE.**
CITY-ST-ZIP **Port Charlotte FL 33954**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/11/07