

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000000805

FILED
Dec 12, 2007
Secretary of State

Entity Name: PAX HEALTHCARE STAFFING, LLC

Current Principal Place of Business:

8322 SUMMER GREENS TERRACE
BRADENTON, FL 34212

New Principal Place of Business:

Current Mailing Address:

8322 SUMMER GREENS TERRACE
BRADENTON, FL 34212

New Mailing Address:

FEI Number: 74-3157815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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/MANAGERS:

Title: P () Delete
Name: JUERAKHAN, JEFFERSON D
Address: 250 CAPE HARBOUR LOOP
City-St-Zip: BRADENTON, FL 34212

Title: S () Delete
Name: JUERAKHAN, MARGARETTE
Address: 250 CAPE HARBOUR LOOP
City-St-Zip: BRADENTON, FL 34212

Title: VP () Delete
Name: SAINT- ROSE, GUETTCHINE
Address: 20013 ISOBAR AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DACOSTA, PHILLIP A VP
Address: 23031 MCNULTY AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: JEFFERSON JUERAKHAN

P

12/12/2007

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