## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000000805

Entity Name: PAX HEALTHCARE STAFFING, LLC

FILED Apr 09, 2008 Secretary of State

8322 SUMMER GREENS TERRACE BRADENTON, FL 34212

Current Mailing Address: New Mailing Address:

8322 SUMMER GREENS TERRACE BRADENTON, FL 34212

FEI Number: 74-3157815 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

JUERAKHAN, MARGARETTE W
8322 SUMMER GREENS TERRACE
BRADENTON, FL 34212 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: MARGARETTE W JUERAKHAN 04/09/2008

Electronic Signature of Registered Agent Date

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

(X) Change ( ) Addition

(X) Change ( ) Addition

() Change () Addition

JUERAKHAN, JEFFERSON D

JUERAKHAN, MARGARETTE

BRADENTON, FL 34212

BRADENTON, FL 34212

8322 SUMMER GREENS TERRACE

8322 SUMMER GREENS TERRACE

## 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: DACOSTA, PHILLIP A VP
Address: 23031 MCNULTY AVE

City-St-Zip: PORT CHARLOTTE, FL 33952 US

 $\label{eq:title:matter} {\sf Title:} \qquad \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf M} \qquad {\sf ( ) Change} \ {\sf (X)} \ {\sf Addition}$ 

 Name:
 Name:
 CHARLOT, MARLENE B

 Address:
 Address:
 740 NE 160TH TERR

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33162

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 04/09/2008