

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000021239

**FILED**  
**Oct 11, 2007**  
**Secretary of State**

**Entity Name:** HEALTH STAFFING SOLUTIONS, LLC

**Current Principal Place of Business:**

13550 SW 88 ST  
SUITE 150  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

13550 SW 88 ST  
SUITE 150  
MIAMI, FL 33186 US

**New Mailing Address:**

800 DOUGLAS ROAD  
SUITE 105  
MIAMI, FL 33157 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BARBOSA, JULIO C ESQ.  
19306 SW 78 AVE  
MIAMI, FL 33157 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: JULIO C BARBOSA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZAPATA, JUAN C  
Address: 13550 SW 88 ST  
City-St-Zip: MIAMI, FL 33186 US

**ADDITIONS/CHANGES:**

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

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: JUAN C ZAPATA

MGRM

10/11/2007

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