

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90188 015 *****55.00

DOCUMENT # L06000061763

1. Entity Name

NEW HORIZONS MEDICAL STAFFING LLC



Principal Place of Business

1712 SE MARIANA RD.
PORT ST. LUCIE FL 34952
US

Mailing Address

1712 SE MARIANA RD.
PORT ST. LUCIE FL 34952
US



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

742 NE Jensen Beach Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

4. FEI Number

20-5142510

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD.
SUITE 400
MIAMI BEACH FL 33139

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

Allison M. Weber

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
WEBER, ALLISON
STREET ADDRESS
1712 SE MARIANA RD.
CITY- ST- ZIP
PORT ST. LUCIE FL 34952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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

Allison M. Weber

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

Date 2/23/07 Daytime Phone #