2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072469

Entity Name: SUNTRAVEL NURSES, LLC

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 47976 11327 BLOOMINGTON DR TAMPA, FL 33647

TAMPA, FL 33635

Current Mailing Address: New Mailing Address:

P.O. BOX 47976 TAMPA, FL 33647

FEI Number: 20-5239766 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:

DANO, DAISY JUNE E DANO, DAISY JUNE E 8825 LATREC AVE, #304 11327 BLOOMINGTON DR. ORLANDO, FL 32819 TAMPA, FL 33635

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: 04/29/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

DANO, DAISY JUNE E Name: Name: Address: P.O. BOX 47976 Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: KALMAN, EDWARD Name: KALLMAN, EDWARD

Address: P.O. BOX 47855 Address: P.O. BOX 47855 City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete Title: () Change () Addition

DANO, IVY GAY E Name: Name: 11327 BLOOMINGTON DR Address: Address: City-St-Zip: TAMPA, FL 33635 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: DAISY JUNE E. DANO 04/29/2007