

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092626

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** HEALTHCARE STAFFING & CONSULTANTS, LLC

**Current Principal Place of Business:**

6024 SW 160TH AVE.  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

6024 SW 160TH AVE.  
MIAMI, FL 33193

**New Mailing Address:**

**FEI Number:** 20-5589460      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PAUL SALVER, PA  
2721 EXECUTIVE PARK DRIVE SUITE 3  
WESTON, FL 33331      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: MGR      ( ) Delete  
Name: FAROOQI, FAWAZ  
Address: 6024 SW 160TH AVE.  
City-St-Zip: MIAMI, FL 33193

Title: MGR      ( ) Delete  
Name: FAROOQI, GISELA  
Address: 6024 SW 160TH AVE.  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES:**

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

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: FAWAZ FAROOQI

MGR

04/15/2008

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