2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# L07000005274

Entity Name: MEDICAL STAFF MANAGEMENT OF FLORIDA LLC

Current Principal Place of Business:

13575 58TH ST NORTH
SUITE 100
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

13575 58TH ST NORTH
SUITE 100
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BJORKQUIST, REBECCA L
13575 58TH ST NORTH
SUITE 100
PORT RICHEY, FL 34668 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: PRES ( ) Delete
Name: BJORKQUIST, REBECCA L
Address: 13575 58TH ST NORTH SUITE 100
City-St-Zip: CLEARWATER, FL 33760 US

Title: VP ( ) Delete
Name: RICCARDO, RYAN J
Address: 13575 58TH ST NORTH SUITE 100
City-St-Zip: CLEARWATER, FL 33760 US

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: REBBECCA BJORKQUIST PRES 09/05/2007

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