


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

01-22-2008 90126 025 ***143.75

DOCUMENT # L07000026772				
1. Entity Name CREATIVE THERAPY STAFFING, LLC				
Principal Place of Business 550 NATIONAL HEALTH CARE DRIVE DAYTONA BEACH, FL 32114		Mailing Address 550 NATIONAL HEALTH CARE DRIVE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
CROTTY, MICHAEL D 1825 BUSINESS PARK BLVD. SUITE A DAYTONA BEACH, FL 32114		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAIRD, ROSS A 550 NATIONAL HEALTH CARE DRIVE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____		Date	(386) 257-6362	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Ross Baird	1/14/08	



01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number **61-1525045** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required