

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032939

FILED
May 07, 2008
Secretary of State

Entity Name: EXPRESS MEDICAL STAFFING SOLUTIONS, LLC

Current Principal Place of Business:

1800 PEMBROOK DR.
SUITE 300
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 135
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-8722227 **FEI Number Applied For ()** **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:

Name and Address of New Registered Agent:

DAWKINS, KARLA L
40 CALDERWOOD COURT
OCOE, FL 34761 US

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: MGRM () Delete
Name: WOODS, ROSA D
Address: 754 COUNTRY LANE
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM () Delete
Name: DAWKINS, KARLA L
Address: 40 CALDERWOOD COURT
City-St-Zip: OCOE, FL 34761 US

Title: MGRM () Delete
Name: MALONE, NATASHA D
Address: 40 CALDERWOOD CT.
City-St-Zip: OCOE, FL 34761 US

Title: MGR (X) Delete
Name: DAWKINS, SHANNON
Address: 40 CALDERWOOD CT.
City-St-Zip: OCOE, FL 34761 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: MALONE, NATASHA D
Address: 14218 AVENUE OF THE GROVES
City-St-Zip: WINTER GARDEN, FL 34787 US

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: NATASHA D. MALONE

MGRM

05/07/2008

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