

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90227 008 ***138.75

60013260



DOCUMENT # L07000066846 1. Entity Name SOLIANT PHYSICIAN STAFFING, LLC					
Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202			Mailing Address ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # One Independent Dr Suite 800 Suite, Apt. #, etc. Jacksonville, FL City & State 32202 USA Zip Country		3. Mailing Address One Independent Dr Suite 800 Suite, Apt. #, etc. Jacksonville, FL City & State 32202 USA Zip Country		02152008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-0425770 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent 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 reinstating)</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	MGRM SOLIANT HEALTH, INC. <input type="checkbox"/> Delete ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Independent Dr. Suite 800
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David K. Alexander <input type="checkbox"/> Delete One Independent Dr. Suite 800 Jacksonville, FL 32202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Gerald Robinson <input type="checkbox"/> Delete One Independent Dr. Suite 800 Jacksonville, FL 32202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>2-28-08</u> Daytime Phone # <u>904-360-2704</u>	