

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066846

FILED
Apr 15, 2009
Secretary of State

Entity Name: SOLIANT PHYSICIAN STAFFING, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
STE 800
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
STE 800
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 26-0425770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: SOLIANT HEALTH, INC.
Address: ONE INDEPENDENT DR STE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: P () Delete
Name: ALEXANDER, DAVID K
Address: ONE INDEPENDENT DR STE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPT () Delete
Name: ROBINSON, GERALD
Address: ONE INDEPENDENT DR STE 800
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

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

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: GERALD ROBINSON

VPT

04/15/2009

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