

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066846

**FILED**  
**Apr 28, 2011**  
**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:**

10151 DEERWOOD PARK BLVD BLDG 200 STE 400  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
STE 800  
JACKSONVILLE, FL 32202

**New Mailing Address:**

10151 DEERWOOD PARK BLVD BLDG 200 STE 400  
JACKSONVILLE, FL 32256

**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  
Name: SOLIANT HEALTH, INC.  
Address: 10151 DEERWOOD PARK BLVD BLDG 200 STE 400  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P  
Name: ALEXANDER, DAVID K  
Address: 1979 LAKESIDE PARK BLVD SUITE 800  
City-St-Zip: TUCKER, GA 30084

Title: VPTX  
Name: EHRHART, DAWN  
Address: 175 BROAD HOLLOW ROAD  
City-St-Zip: MELVILLE, NY 11747

I hereby 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: DAWN EHRHART

VPTX

04/28/2011

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