

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126924

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** UNIVERSAL HEALTHCARE PERSONNEL, LLC

**Current Principal Place of Business:**

150 SW 12TH AVENUE  
SUITE 440  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 SW 12TH AVENUE  
SUITE 440  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

**FEI Number:** 26-1640408      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BALLINGER, STEVEN R  
1792 BELL TOWER LANE  
WESTON, FL 33326 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:** KOSTISHION, ED  
**Address:** 150 SW 12TH AVENUE, SUITE 440  
**City-St-Zip:** POMPANO BEACH, FL 33069 US

**Title:** MGRM ( ) Delete  
**Name:** BYERS, ANDREW  
**Address:** 150 SW 12TH AVENUE, SUITE 440  
**City-St-Zip:** POMPANO BEACH, FL 33069 US

**ADDITIONS/CHANGES:**

**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:** EDWARD KOSTISHION

MGRM

04/23/2008

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