

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014580

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL ON DEMAND STAFFING LLC

**Current Principal Place of Business:**

13542 N. FLORIDA AVE  
231D  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7844  
WESLEY CHAPEL, FL 33545 US

**New Mailing Address:**

13542 N. FLORIDA AVE  
231D  
TAMPA, FL 33613 US

**FEI Number:** 27-1687281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOLLINGS, DARRELL G  
10710 PRESERVE LAKE DRIVE  
#105  
TAMPA, FL 22626 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:** MGR  
**Name:** STOLLINGS, DARRELL G  
**Address:** 10710 PRESERVE LAKE DRIVE #105  
**City-St-Zip:** TAMPA, FL 33626 US

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:** DARRELL STOLLINGS

MGR

04/29/2010

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