

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057533

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** CLEARSTONE HEALTH CARE STAFFING, LLC

**Current Principal Place of Business:**

719 E. MAGNOLIA STREET  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

719 E. MAGNOLIA STREET  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 26-2777371      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MICHEL, EVENS  
719 E. MAGNOLIA STREET  
APOKA, FL 32703      US

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: MICHEL, NAGELEY  
Address: 719 E. MAGNOLIA STREET  
City-St-Zip: APOPKA, FL 32703

Title: MGRM      ( ) Delete  
Name: MICHEL, EVENS  
Address: 719 E. MAGNOLIA STREET  
City-St-Zip: APOPKA, FL 32703

**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: EVENS MICHEL

MGR

06/15/2009

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