

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057533

FILED
Jan 04, 2011
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 ()

Name and Address of Current Registered Agent:

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

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

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: EVENS MICHEL

MGR

01/04/2011

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