

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000061258

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** TRAVEL NURSE GATEWAY, LLC

**Current Principal Place of Business:**

15275 COLLIER BLVD.  
STE 201, PMB 214  
NAPLES, FL 34119 US

**New Principal Place of Business:**

2590 NORTHBROOK PLAZA DRIVE  
UNIT# 202  
NAPLES, FL 34119 US

**Current Mailing Address:**

15275 COLLIER BLVD.  
STE 201, PMB 214  
NAPLES, FL 34119 US

**New Mailing Address:**

**FEI Number:** 26-2980807      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PECARO, RYAN C OWNER  
15275 COLLIER BLVD.  
STE 201, PMB 214  
NAPLES, FL 34119 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:** PECARO, RYAN C OWNER  
**Address:** 15275 COLLIER BLVD, SUITE 201, PMB 214  
**City-St-Zip:** NAPLES, FL 34119 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: RYAN PECARO      PRES      02/23/2010

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