2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L08000111905

Entity Name: KFORCE HEALTHCARE FLEX, LLC

Current Principal Place of Business:

1001 EAST PALM AVENUE
TAMPA, FL 33605

New Principal Place of Business:

1001 EAST PALM AVE
TAMPA, FL 33605

Current Mailing Address:

1001 EAST PALM AVENUE
TAMPA, FL 33605

New Mailing Address:

1001 EAST PALM AVE
TAMPA, FL 33605

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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ALONSO, PETER M
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR ( ) Change (X) Addition
Name: FARRELL, SAM
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR ( ) Change (X) Addition
Name: GENSHINO-KELLY, JUDY
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR ( ) Change (X) Addition
Name: JOSEY, WILLIAM S
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR ( ) Change (X) Addition
Name: KELLY, DAVID M
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR ( ) Change (X) Addition
Name: LIBERATORE, JOSEPH J
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

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: JANE LOUIS POA 03/27/2009

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