

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111905

FILED
Apr 29, 2010
Secretary of State

Entity Name: KFORCE HEALTHCARE FLEX, LLC

Current Principal Place of Business:

1001 EAST PALM AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1001 EAST PALM AVE
TAMPA, FL 33605

New Mailing Address:

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

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: MGR
Name: ALONSO, PETER M
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR
Name: ELLIS, KRIS
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: TREA
Name: GENSHINO-KELLY, JUDY
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR
Name: KELLY, DAVID
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR
Name: LIBERATORE, JOSEPH
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: VP
Name: KELLY, DAVID J
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

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: JUDY GENSHINO-KELLY

TREA

04/29/2010

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