

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111918

FILED
Apr 20, 2011
Secretary of State

Entity Name: KFORCE CLINICAL RESEARCH 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: CHAI
Name: LIBERATORE, JOE
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: VPT
Name: GENSHINO-KELLY, JUDY
Address: 1001 E PALM AVE.
City-St-Zip: TAMPA, FL 33605

Title: VP
Name: NICOLS, SARA R
Address: 1001 E PALM AVE.
City-St-Zip: TAMPA, FL 33605

Title: PRES
Name: ELLIS, KRISTIN
Address: 1001 E PALM AVE.
City-St-Zip: TAMPA, FL 33605

Title: VPS
Name: KELLY, DAVE
Address: 1001 E PALM AVE.
City-St-Zip: TAMPA, FL 33605

Title: ASEC
Name: SOTO, EDWIN
Address: 1001 E 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: EDWIN SOTO

ASEC

04/20/2011

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