

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059435

FILED
Apr 08, 2010
Secretary of State

Entity Name: CARING MEDICAL STAFFING SOLUTIONS, LLC

Current Principal Place of Business:

3690 NE 195TH LANE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3690 NE 195TH LANE
AVENTURA, FL 33180

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANTOR, CHARLES ESQ.
3690 NE 195TH LANE
AVENTURA, FL 33180 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: KANTOR, LONNIE B
Address: 3690 NE 195TH LANE
City-St-Zip: AVENTURA, FL 33180

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: LONNIE KANTOR

MGRM

04/08/2010

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