

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063133

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** HEALTHCARE STAFFING SOLUTIONS, LLC

**Current Principal Place of Business:**

7603 ESTRELLA CIRCLE  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

7603 ESTRELLA CIRCLE  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 27-0682900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHINDEL, MATTHEW G  
3801 PGA BLVD  
SUITE 901  
PALM BEACH GARDENS, FL 33410 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:** ESTRA, RUBY  
**Address:** 7603 ESTRELLA CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** MGR  
**Name:** TORRICO, PATROCINIA  
**Address:** 7603 ESTRELLA CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33433

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:** RUBY ESTRA

P

04/30/2010

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