

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090999

Entity Name: STAFFUS HEALTHCARE, LLC

FILED  
Apr 07, 2011  
Secretary of State

**Current Principal Place of Business:**

2328 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

2328 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655

**New Mailing Address:**

FEI Number: 27-0959947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOWEN, JAMES  
2523 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655 US

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

BOWEN, JAMES  
2328 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655 US

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: JAMES D. BOWEN

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: DEMAURO, VINCENT J  
Address: 2328 SEVEN SPRINGS BLVD.  
City-St-Zip: TRINITY, FL 34655

Title: COO  
Name: BOWEN, JAMES  
Address: 2328 SEVEN SPRINGS BLVD.  
City-St-Zip: TRINITY, FL 34655

Title: MGRM  
Name: DEMAURO, ANNA  
Address: 2328 SEVEN SPRINGS BLVD.  
City-St-Zip: TRINITY, FL 34655

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: JAMES D. BOWEN

COO

04/07/2011

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