

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102520

FILED
Mar 18, 2010
Secretary of State

Entity Name: DMH STAFFING, LLC

Current Principal Place of Business:

DESOTO MEMORIAL HOSPITAL, ATTN: CEO
900 NORTH ROBERT AVENUE
ARCADIA, FL 342662180

New Principal Place of Business:

Current Mailing Address:

DESOTO MEMORIAL HOSPITAL, ATTN: CEO
900 NORTH ROBERT AVENUE
ARCADIA, FL 342662180

New Mailing Address:

FEI Number: 27-1203360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDRON, EUGENE E JR ESQ
124 NORTH BREVARD AVENUE
ARCADIA, FL 34266 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: STEWART, RAY
Address: 243 NORTH BREVARD AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: MGR
Name: WILLIAMS, LINDA
Address: 108 WEST OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: MGR
Name: CLEMONS, JOHNNY
Address: 5485 SE BROWN ROAD
City-St-Zip: ARCADIA, FL 34266

Title: MGR
Name: NATHAN, DR. VAIDY
Address: 830 NORTH MILLS AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: MGR
Name: KNOCHE, DONALD
Address: 4 WEST OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: MGR
Name: ARRINGTON, ROSE
Address: 1524 SE TANGELO DRIVE
City-St-Zip: ARCADIA, FL 34266

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: VINCENT A. SICA

CEO

03/18/2010

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