

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000086788

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** BRIGHTSTAR MEDICAL STAFFING SOLUTIONS LLC

**Current Principal Place of Business:**

2925 NW 126TH AVE, UNIT 219  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

2925 NW 126TH AVE  
219  
SUNRISE,, FL 33323

**New Mailing Address:**

**FEI Number:** 21-5731233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAURISMA, AMOS C  
2925 NW 126TH AVENUE, #219  
SUNRISE, FL 33323 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: AMOS MAURISMA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAURISMA, AMOS C  
Address: 12305 NE MIAMI CT  
City-St-Zip: MIAMI, FL 33161

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: AMOS MAURISMA

MGR

01/09/2012

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