

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000098447

**FILED**  
**May 10, 2011**  
**Secretary of State**

**Entity Name:** VALUE MEDICAL STAFFING GROUP, LLC

**Current Principal Place of Business:**

4380 OAKES ROAD  
SUITE 807  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

4380 OAKES ROAD  
SUITE 807  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:** 27-3499000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EINHORN, ROBERT M  
100 S. E. 2ND STREET  
27TH FLOOR  
MIAMI, FL 33131 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: GOLDSMITH, CHARLES L  
Address: 21097 NE 27TH COURT  
City-St-Zip: AVENTURA, FL 33180 US

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: CHARLES L GOLDSMITH

MGR

05/10/2011

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