

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098447

**FILED**  
**Jan 26, 2012**  
**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

**Title:** MGR  
**Name:** VALDES, GERARDO A  
**Address:** 4796 SW 110 AVENUE  
**City-St-Zip:** DAVIE, FL 33328 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

01/26/2012

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