

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092140

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** QUALITY MEDICAL STAFFING, LLC.

**Current Principal Place of Business:**

10016 RAVELO BLVD.  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7288  
FORT MYERS, FL 33911

**New Mailing Address:**

**FEI Number:** 45-2967325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ABOKOORA, AHMED A  
10016 RAVELO BLVD.  
FORT MYERS, FL 33905 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: ABOKOORA, AHMED A  
Address: 10016 RAVELO BLV.  
City-St-Zip: FORT MYERS, FL 33905

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: AHMED ABOKOORA

MR

04/30/2012

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