
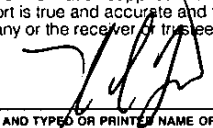


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90025 037 \*\*\*\*50.00

<b>DOCUMENT # M01000002363</b>					
<b>1. Entity Name</b> MEDICAL STAFFING HOLDINGS, LLC					
<b>Principal Place of Business</b> 901 YAMATO RD., STE. 110 BOCA RATON, FL 33431			<b>Mailing Address</b> 901 YAMATO RD., STE. 110 BOCA RATON, FL 33431		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMSON, ROBERT 901 YAMATO ROAD #110 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM LITTLE, KEVIN S 901 YAMATO ROAD #110 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONOHUE, PATRICIA 901 YAMATO ROAD #110 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILINSKI, SCOTT 901 YAMATO ROAD #110 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID WESTER 901 YAMATO RD #110 BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, JOEL 901 YAMATO ROAD #110 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM WENSTRUP, DAVID 901 YAMATO ROAD #110 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> 		KEVIN LITTLE		4/27/05	(561) 322-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

Attachment  
20056464  
m010000008363

**MEDICAL STAFFING NETWORK, INC  
OFFICERS AND DIRECTORS**

Name	Title	Address	Term Expiration
Robert J. Adamson	Chairman & CEO	901 Yamato Road, Suite 110 Boca Raton, FL 33431 561-322-1300	2007
Kevin S. Little	President & COO Secretary, Treasurer	901 Yamato Road, Suite 110 Boca Raton, FL 33431 561-322-1300	
Gary Peck	President	901 Yamato Road, Suite 110 Boca Raton, FL 33431 561-322-1300	
Larry McPherson	CFO	901 Yamato Road, Suite 110 Boca Raton, FL 33431 561-322-1300	
Patricia Donohoe	Executive VP, CNO	901 Yamato Road, Suite 110 Boca Raton, FL 33431 561-322-1300	
Joel Ackerman	Director	Warburg Pincus 466 Lexington Avenue New York, NY 10017-3147 212-878-6329	2005
Anne Boykin	Director	Florida Atlantic University College of Nursing 777 Glades Road #3091 Boca Raton, FL 33431 561-297-3206	2005
C. Daryl Hollis	Director	901 Yamato Road, Suite 110 Boca Raton, FL 33431 561-322-1300	2007
David J. Wenstrup	Director	Warburg Pincus 466 Lexington Avenue New York, NY 10017-3147 212-878-6329	2007
David Wester	Director	901 Yamato Road, Suite 110 Boca Raton, FL 33431 561-322-1300	2006
Philip Incarnati	Director	McLean Health Care Corporation G-3235 Beecher Road, Suite B Flint, MI 48532 810-342-1130	2006