

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002363

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: MEDICAL STAFFING HOLDINGS, LLC

## Current Principal Place of Business:

901 YAMATO RD., STE. 110  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

901 YAMATO RD., STE. 110  
BOCA RATON, FL 33431

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGRM ( ) Delete  
Name: ADAMSON, ROBERT  
Address: 901 YAMATO ROAD #110  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: LITTLE, KEVIN S  
Address: 901 YAMATO ROAD #110  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Delete  
Name: DONOHOE, PATRICIA  
Address: 901 YAMATO ROAD #110  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: WESTER, DAVID  
Address: 901 YAMATO ROAD #110  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: ACKERMAN, JOEL  
Address: 901 YAMATO ROAD #110  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Delete  
Name: WENSTRUP, DAVID  
Address: 901 YAMATO ROAD #110  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: WESTER, DAVID  
Address: 901 YAMATO ROAD #110  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KEVIN S. LITTLE

MGRM

04/22/2009

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