


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001370
 1. Entity Name
MEDSTAFF CAROLINAS, LLC



Principal Place of Business 8215 FOREST POINT BLVD., SUITE 110 CHARLOTTE, NC 28273-5668	Mailing Address 8215 FOREST POINT BLVD., SUITE 110 CHARLOTTE, NC 28273-5668
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07072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1602647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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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.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by September 8, 2004

000000165857
 07/12/04-80031-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DAVIS, RICHARD C 8215 FOREST POINT BLVD., SUITE 110 CHARLOTTE, NC 282735668
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DAVIS, FREDERICK C 8215 FOREST POINT BLVD., SUITE 110 CHARLOTTE, NC 282735668
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM GERMAN, GARY 8215 FOREST POINT BLVD., SUITE 110 CHARLOTTE, NC 282735668
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Gary & German* Date: *7/7/04* 704-409-1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE