FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90005 009 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

J0046842

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

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1602647 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM / NAME DAVIS, RICHARD C / STREET ADDRESS 8215 FOREST POINT BLVD., SUITE 110 / CITY-ST-ZIP CHARLOTTE, NC 282735668	☐ Delete	TITLE Mgrm / NAME Gary German / STREET ADDRESS 8215 Forest Point Blvd / CITY-ST-ZIP Ste. 110 Charlotte, NC 28273	☐ Change ☑ Addition
TITLE MGRM / NAME DAVIS, FREDERICK C / STREET ADDRESS 8215 FOREST POINT BLVD., SUITE 110 / CITY-ST-ZIP CHARLOTTE, NC 282735668	☐ Delete		☐ Change ☐ Addition
TITLE MGRM / NAME TALLENT, GLENDA / STREET ADDRESS 8215 FOREST POINT BLVD., SUITE 110 / CITY-ST-ZIP CHARLOTTE, NC 282735668	☑ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: [signature] CFO 3/24/03 704 419 1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)