

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

Entity Name: AEDON STAFFING, LLC

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

ONE THOUSAND BEVERLY WAY
FORT SMITH, AR 72919

New Principal Place of Business:

Current Mailing Address:

ONE THOUSAND BEVERLY WAY
FORT SMITH, AR 72919

New Mailing Address:

FEI Number: 43-1974983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGRM () Delete
Name: SPECTRA HEALTHCARE A, LLIANCE, INC.
Address: ONE THOUSAND BEVERLY WAY
City-St-Zip: FORT SMITH, AR 72919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: ARENA, JOHN G
Address: ONE THOUSAND BEVERLY WAY
City-St-Zip: FORT SMITH, AR 72919

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN G. ARENA

SEC

04/14/2004

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