2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

Entity Name: AEDON STAFFING, LLC

City-St-Zip:

FILED May 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE THOUSAND BEVERLY WAY 1000 FIANNA WAY FORT SMITH, AR 72919 FORT SMITH, AR 72919 **Current Mailing Address: New Mailing Address:** ONE THOUSAND BEVERLY WAY 1000 FIANNA WAY FORT SMITH, AR 72919 FORT SMITH, AR 72919 FEI Number: 43-1974983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition SPECTRA HEALTHCARE A, LLIANCE, INC. TARIF, CHERIE Name: Name: Address: ONE THOUSAND BEVERLY WAY Address: 1000 FIANNA WAY City-St-Zip: FORT SMITH, AR 72919 City-St-Zip: FORT SMITH, AR 72919 Title: MGR () Delete Title: (X) Change () Addition Name: ARENA, JOHN G Name: BURCH, L. DARLENE Address: ONE THOUSAND BEVERLY WAY Address: 1000 FIANNA WAY City-St-Zip: FORT SMITH, AR 72919 City-St-Zip: FORT SMITH, AR 72919 Title: () Delete Title: () Change (X) Addition Name: JONES, HOLLY A Name: 1000 FIANNA WAY Address: Address: City-St-Zip: City-St-Zip: FORT SMITH, AR 72919 () Change (X) Addition Title: () Delete Title: TAS Name: Name: TRUITT, ANN Address: Address: 1000 FIANNA WAY

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.

City-St-Zip:

FORT SMITH, AR 72919

SIGNATURE: HOLLY A. JONES S 05/10/2007