2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# M02000002620

Entity Name: AEDON STAFFING, LLC

Current Principal Place of Business:

ONE THOUSAND BEVERLY WAY
FORT SMITH, AR 72919

New Principal Place of Business:

1000 FIANNA WAY
FORT SMITH, AR 72919

Current Mailing Address:

ONE THOUSAND BEVERLY WAY
FORT SMITH, AR 72919

New Mailing Address:

1000 FIANNA WAY
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:

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/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition
Name: TARIF, CHERIE
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: VPD (X) Change ( ) Addition
Name: BURCH, L. DARLENE
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: S ( ) Change (X) Addition
Name: JONES, HOLLY A
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: TAS ( ) Change (X) Addition
Name: TRUITT, ANN
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

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: HOLLY A. JONES S 05/10/2007

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