2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400000638

428 TIMBERWOOD TRAIL

OVIEDO, FL 32765

Address:

City-St-Zip:

Entity Name: ADVANCED CLINICAL EMPLOYMENT STAFFING, LLC

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ATE HIGHWAY A, AL 35121	775		
Current Mailing Address:			New Mailing Address:	
	ATE HIGHWAY A, AL 35121	75		
FEI Number	: 20-0323936	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU PLANTATI	PORATION SY TH PINE ISLA ION, FL 33324 named entity	ND ROAD 1 US	purpose of changing its register	red office or registered agent, or both
	e of Florida.		parpose or origing no register	ed office of registered agent, or bett
SIGNATU	RE:			
	Electron	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM (TILLMAN, REN 5640 MILES SI PINSON, AL 3	PRING ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (ALLCORN, RE 1280 COUNTY ALTOONA, AL	HIGHWAY 41	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (FLANAGAN, M 1326 COUNTY ALTOONA, AL	HIGHWAY 41	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM () Delete RLYS	Title:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: MARY P FLANAGAN MGRM 01/14/2008