

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000623

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRAVEL NURSE ACROSS AMERICA, LLC

Current Principal Place of Business:

11300 CANTRELL RD, STE 102
LITTLE ROCK, AR 72212

New Principal Place of Business:

11300 CANTRELL ROAD
SUITE 102
LITTLE ROCK, AR 72212

Current Mailing Address:

11300 CANTRELL RD, STE 102
LITTLE ROCK, AR 72212

New Mailing Address:

11300 CANTRELL ROAD
SUITE 102
LITTLE ROCK, AR 72212

FEI Number: 20-1068277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 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: CFO () Delete
Name: DORSEY, JEANETTA A CFO
Address: 11300 CANTRELL RD, STE 301
City-St-Zip: LITTLE ROCK, AR 72212

Title: PCEO () Delete
Name: HOGGARD, NORMAN
Address: 11300 CANTRELL RD, STE 102
City-St-Zip: LITTLE ROCK, AR 72212

ADDITIONS/CHANGES:

Title: CONT (X) Change () Addition
Name: CORLEY, JAMES K CONTROL
Address: 11300 CANTRELL RD, STE 102
City-St-Zip: LITTLE ROCK, AR 72212

Title: PCEO (X) Change () Addition
Name: SCOTT, GENE
Address: 11300 CANTRELL RD, STE 102
City-St-Zip: LITTLE ROCK, AR 72212

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: JIMMY CORLEY

CONT

04/30/2008

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