2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000623

Entity Name: TRAVEL NURSE ACROSS AMERICA, LLC

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11300 CANTRELL ROAD 11300 CANTRELL RD: SUITE 102 STE 102 LITTLE ROCK, AR 72212 LITTLE ROCK, AR 72212 **Current Mailing Address: New Mailing Address:** 11300 CANTRELL ROAD 11300 CANTRELL RD; SUITE 102 STE 102 LITTLE ROCK, AR 72212 LITTLE ROCK, AR 72212 FEI Number: 20-1068277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: CONT Title: () Delete (X) Change () Addition CORLEY, JAMES K CONTROL FORTSON, GRANT MGRM Name: Name: 11300 CANTRELL RD, STE 102 Address: 11300 CANTRELL RD; STE 102 Address: City-St-Zip: LITTLE ROCK, AR 72212 City-St-Zip: LITTLE ROCK, AR 72212 Title: **PCEO** Title: (X) Change () Addition () Delete SCOTT, GENE Name: JOHNSTON, GERALD MGRM Name: Address: 11300 CANTRELL RD. STE 102 Address: 11300 CANTRELL RD: STE 102 City-St-Zip: LITTLE ROCK, AR 72212 City-St-Zip: LITTLE ROCK, AR 72212 Title: () Delete Title: MGRM () Change (X) Addition JPMS INVESTMENT PART, NERSHIP I Name: Name: Address: Address: 11300 CANTRELL RD: STE 102 City-St-Zip: City-St-Zip: LITTLE ROCK, AR 72212 () Change (X) Addition Title: () Delete Title: MGRM Name: Name: KING, DEREK MGRM 11300 CANTRELL RD; STE 102 Address: Address: City-St-Zip: City-St-Zip: LITTLE ROCK, AR 72212 Title: () Delete Title: MGRM () Change (X) Addition LAX, MICHAEL F MGRM Name: Name: 11300 CANTRELL RD; STE 102 Address: Address: City-St-Zip: City-St-Zip: LITTLE ROCK, AR 72212 Title: () Delete Title: () Change (X) Addition MURRAY, STEVE MGRM Name: Name: Address: Address: 11300 CANTRELL RD; STE 102 LITTLE ROCK, AR 72212 City-St-Zip: City-St-Zip:

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: ANNE MEYER POA 04/06/2009