2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

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Entity Name: TRAVEL NURSE ACROSS AMERICA, LLC

Current Principal Place of Business:

5020 NORTHSHORE DRIVE
SUITE 2
NORTH LITTLE ROCK, AR 72118 US

New Principal Place of Business:

Current Mailing Address:

5020 NORTHSHORE DRIVE
SUITE 2
NORTH LITTLE ROCK, AR 72118 US

New Mailing Address:

FEI Number: 20-1068277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: DANIEL, JOHN
Address: 5020 NORTHSHORE DRIVE, SUITE 2
City-St-Zip: NORTH LITTLE ROCK, AR 72118 US

Title: MGRM
Name: JEFFREY, BRYAN
Address: 5020 NORTHSHORE DRIVE, SUITE 2
City-St-Zip: NORTH LITTLE ROCK, AR 72118 US

Title: MGRM
Name: JONES, GARY
Address: 5020 NORTHSHORE DRIVE, SUITE 2
City-St-Zip: NORTH LITTLE ROCK, AR 72118 US

Title: MGRM
Name: KING, DEREK
Address: 5020 NORTHSHORE DRIVE, SUITE 2
City-St-Zip: NORTH LITTLE ROCK, AR 72118 US

Title: MGRM
Name: LAX, MICHAEL F
Address: 5020 NORTHSHORE DRIVE, SUITE 2
City-St-Zip: NORTH LITTLE ROCK, AR 72118 US

Title: MGRM
Name: MURRAY, STEVE
Address: 5020 NORTHSHORE DRIVE, SUITE 2
City-St-Zip: NORTH LITTLE ROCK, AR 72118 US

I hereby 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 Statues.

SIGNATURE: DARETH JEFFERS POA 03/25/2011

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