

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000623

FILED
Mar 30, 2012
Secretary of State

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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

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

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

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

Title: MGRM
Name: MURRAY, STEVE MGRM
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 Statutes.

SIGNATURE: DARETH JEFFERS

POA

03/30/2012

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