


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # M06000004229	
1. Entity Name TRUSTAFF TRAVEL NURSES, LLC	

Principal Place of Business SUITE 200, 7767 MONTGOMERY ROAD CINCINNATI, OH 45236	Mailing Address SUITE 200, 7767 MONTGOMERY ROAD CINCINNATI, OH 45236
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DO NOT WRITE IN THIS SPACE

01292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3563640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORING, BRENT SUITE 200, 7767 MONTGOMERY ROAD CINCINNATI, OH 45236
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05/29/07-80019-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **5/1/07 (513) 272-3999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *