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June 22, 2011

FLORIDA DEPARTMENT OF STATE

MEDICAL STAFFING NETWORK HEALTHCARE, LLC Corporations 901 YAMATO ROAD SUITE 110 BOCA RATON, FL 33431

SUBJECT: MEDICAL STAFFING NETWORK HEALTHCARE, LLC

REF: M10000003677

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Carolyn Lewis FAX Aud. #: H11000164586
Regulatory Specialist II Letter Number: 211A00015104
Registration/Qualification Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is; Medical Staffing No.	twork Healthcare, LLC	
2. The mailing address of the limited liability company is: 901 Yam	nato Road, Suite 110	
Boca Raton FL 33431		
8/19/2010	M10000003677	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office address Florida Department of State:	s as shown on the records of the	
C T CORPORATION SYSTEM		
Name	2 4 2	
1200 SOUTH PINE ISLAND ROAL		
Address	TALL AHASS	
PLANTATION FL 33324		
City, State and Zi	p SS NO.	
3. The name and address of the new registered agent and/or office:		
Corporate Creations Network Inc.	the case of the ca	
Namc	FLORID.	
11380 Prosperity Farms Road #221E		
Florida street address (P.O. Box)		
Palm Beach Gardens FI	33410	
City, State and Z	ip	
If the limited liability company is not organized under the laws of the or changes are made, the Florida street address of the registered officientical. Or, in the case of a Florida limited liability company, it is an affirmative vote of the members of the limited liability company the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) MSN HOLDINGS, LLC, Member by Diana Urrego as attorney-in-fact	ce and the business office of the registered agent will be hereby confirmed that the change(s) was/were authorized by	
(Finited or Typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change		
in the registered office address. I hereby confirm that the limited liad. Signature of Registered Agent)	bility company has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
INHS18(10/99)	<i>,</i>	
Corporate Creations International Inc.		
11380 Prosperity Farms Road #221E		
Palm Beach Gardens FL 33410 (561) 694-8107		