2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P08000089272

Entity Name: KFORCE HEALTHCARE, INC.

Current Principal Place of Business:

1001 EAST PALM AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1001 EAST PALM AVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LIBERATORE, JOSEPH J
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete
Name: ALONSO, PETER M
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete
Name: MCMAHAN, STEPHEN
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete
Name: GENSHINO-KELLY, JUDY
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FARRELL, SAM
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: DIR (X) Change ( ) Addition
Name: ALONSO, PETER M
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: DIR (X) Change ( ) Addition
Name: MCMAHAN, STEPHEN
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: TVP (X) Change ( ) Addition
Name: GENSHINO-KELLY, JUDY
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: ASEC ( ) Change (X) Addition
Name: NICHOLS, SARA R
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: SVP ( ) Change (X) Addition
Name: JOSEY, WILLIAM S
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE LOUIS POA 03/27/2009

Electronic Signature of Signing Officer or Director — Date