

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111905

Entity Name: KFORCE HEALTHCARE FLEX, LLC**Current Principal Place of Business:**1001 EAST PALM AVE
TAMPA, FL 33605**Current Mailing Address:**1001 EAST PALM AVE
TAMPA, FL 33605**FEI Number:** 26-3478676**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title MGR, PRESIDENT
Name PRICHER, PEGGY
Address 1001 EAST PALM AVE
City-State-Zip: TAMPA FL 33605

Title MGR, CHAIRMAN
Name KELLY, DAVE
Address 1001 EAST PALM AVE
City-State-Zip: TAMPA FL 33605

Title VPT
Name GENSHINO-KELLY, JUDY
Address 1001 EAST PALM AVE
City-State-Zip: TAMPA FL 33605

Title VP, SECRETARY
Name HACKMAN, JEFF
Address 1001 EAST PALM AVE
City-State-Zip: TAMPA FL 33605

Title ASEC
Name SOTO, EDWIN
Address 1001 EAST PALM AVE
City-State-Zip: TAMPA FL 33605

Title MANAGER
Name MARMON, RANDY
Address 1001 EAST PALM AVE
City-State-Zip: TAMPA FL 33605

I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN SOTO

ASEC

04/04/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date