**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 28, 2016**
**Secretary of State**
**CC5173552587**

DOCUMENT# L14000107660

**Entity Name:** INVERTED HEALTHCARE STAFFING OF FLORIDA, LLC

**Current Principal Place of Business:**

111 N POMPANO BEACH BLVD.
STE. 1604
POMPANO BEACH, FL 33062

**Current Mailing Address:**

111 N POMPANO BEACH BLVD.
STE. 1604
POMPANO BEACH, FL 33062 US

**FEI Number: 47-1246943**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIGSBY, PAUL
111 N POMPANO BEACH BLVD.
1604
POMPANO BEACH, FL 33062 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 | AMBR |
| Name | GRIGSBY, PAUL |
| Address | 111 N POMPANO BEACH BLVD.<br>1604 |
| City-State-Zip: | POMPANO BEACH FL 33062 |

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: PAUL GRIGSBY PRESIDENT 03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date