

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000058241

Entity Name: COALITION MEDICAL STAFFING LLC

Current Principal Place of Business:

227 US HWY 27 NORTH
SUITE #221
SEBRING, FL 33870

FILED
Apr 15, 2019
Secretary of State
7907226896CC

Current Mailing Address:

227 US HWY 27 NORTH
SUITE #221
SEBRING, FL 33870 US

FEI Number: 82-4714929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 LOOR-TUAREZ, JUAN
Address 382 NE 191ST ST #24911
City-State-Zip: MIAMI FL 33179

Title AMBR
Name REVELO PAIZ, JOSE GUILLERMO
Address 382 NE 191ST ST #24911
City-State-Zip: MIAMI FL 33179

Title AMBR
Name RODRIGUEZ, HUGO
Address 382 NE 191ST ST #24911
City-State-Zip: MIAMI FL 33179

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: JOSE GUILLERMO REVELO PAIZ

AMBR

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date