

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000009268

**Entity Name:** INNOVATION MEDICAL STAFFING AGENCY, LLC

**Current Principal Place of Business:**

3119 CHESTNUT RIDGE WAY  
ORANGE PARK, FL 32065

**Current Mailing Address:**

3119 CHESTNUT RIDGE WAY  
ORANGE PARK, FL 32065 US

**FEI Number:** 84-4295351

**Certificate of Status Desired:** Yes

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

KYLER-WILLIAMS, APRIL  
3119 CHESTNUT RIDGE WAY  
ORANGE PARK, FL 32065 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  
Name KYLER-WILLIAMS, APRIL  
Address 3119 CHESTNUT RIDGE WAY  
City-State-Zip: ORANGE PARK FL 32065

*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:** APRIL KYLER-WILLIAMS

**MANAGER**

**01/04/2021**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date