## 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004318

Entity Name: ADEX MEDICAL STAFFING, LLC

**Current Principal Place of Business:** 

1035 WINDWARD RIDGE PKWY SUITE 500

ALPHARETTA, GA 30005

**Current Mailing Address:** 

1035 WINDWARD RIDGE PKWY SUITE 500 ALPHARETTA, GA 30005

FEI Number: 20-0951539 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD INC 155 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 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

**FILED** Apr 30, 2014

**Secretary of State** 

CC1545670325

Authorized Person(s) Detail:

Title **MEMBER** Title **MEMBER** 

LEIBOWITZ, PETER Name Name MCGUIRE, GARY

Address 1035 WINDWARD RIDGE PKWY, Address 1035 WINDWARD RIDGE PKWY, SUITE 500

SUITE 500

ALPHARETTA GA 30005 ALPHARETTA GA 30005 City-State-Zip: City-State-Zip:

Title **MEMBER** Title **MEMBER** 

COPELAND, MEGAN KELLY, SCOTT Name Name

1035 WINDWARD RIDGE PKWY, 1035 WINDWARD RIDGE PKWY, Address Address

SUITE 500 SUITE 500

ALPHARETTA GA 30005 City-State-Zip: ALPHARETTA GA 30005 City-State-Zip:

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.