

**2015 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

**Authorized Person(s) Detail :**

Title MEMBER  
Name LEIBOWITZ, PETER  
Address 509 MADISON AVENUE, SUITE 1916  
City-State-Zip: NEW YORK NY 10022

Title MEMBER  
Name MCGUIRE, GARY  
Address 1035 WINDWARD RIDGE PKWY,  
SUITE 500  
City-State-Zip: ALPHARETTA GA 30005

Title MEMBER  
Name COPELAND, MEGAN  
Address 1035 WINDWARD RIDGE PKWY,  
SUITE 500  
City-State-Zip: ALPHARETTA GA 30005

Title MEMBER  
Name KELLY, SCOTT  
Address 1035 WINDWARD RIDGE PKWY,  
SUITE 500  
City-State-Zip: ALPHARETTA GA 30005

*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:** GARY MCGUIRE

MEMBER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date