

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000006544

**Entity Name:** HEALTHCARE WORKFORCE LOGISTICS, LLC

**Current Principal Place of Business:**

2655 NORTHWINDS PKWY  
ALPHARETTA, GA 30009

**Current Mailing Address:**

2655 NORTHWINDS PKWY  
ALPHARETTA, GA 30009 US

**FEI Number: 38-4001675**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            JACKSON, RICHARD L  
Address        2655 NORTHWINDS PKWY  
City-State-Zip: ALPHARETTA GA 30009

Title            MEMBER  
Name            HEALTHCARE WORKFORCE  
                 LOGISTICS HOLDINGS, LLC  
Address        2655 NORTHWINDS PKWY  
City-State-Zip: ALPHARETTA GA 30009

*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: RICHARD L. JACKSON**

**CEO**

**06/20/2019**

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

\_\_\_\_\_  
Date