

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000006599

**Entity Name:** SAMUEL HEALTHCARE STAFFING, LLC

**Current Principal Place of Business:**

1361 S ALMA SCHOOL RD  
MESA, AZ 85210

**Current Mailing Address:**

PO BOX 964  
GILBERT, AZ 85299-0964 US

**FEI Number: 30-0958856**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE STE A  
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 MGRM  
Name HARMONY PHYSICIAN GROUP  
Address PO BOX 964  
City-State-Zip: GILBERT AZ 85299-0964

Title AP  
Name FABER, JEREMIAH  
Address PO BOX 964  
City-State-Zip: GILBERT AZ 85299-0964

*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: JEREMIAH FABER**

**CEO OF MANAGER,  
HARMONY PHYSICIAN  
GROUP**

**02/20/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date