

No. W 79861		Due no later than Dec 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. KFORCE HEALTHCARE FLEX, LLC CORPORATE TAX 1001 E PALM AVE TAMPA FL 33605 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JOSEPH J LIBERATORE	1001 E PALM AVE	TAMPA	FL	USA	33605
MANAGER	KRISTEN ELLIS	1001 E PALM AVE	TAMPA	FL	USA	33605
MEMBER	JUDY M GENSHINO-KELLY	1001 E PALM AVE	TAMPA	FL	USA	33605
MANAGER	DAVID M KELLY	1001 E PALM AVE	TAMPA	FL	USA	33605
MEMBER	SARA R NICHOLS	1001 E PALM AVE	TAMPA	FL	USA	33605
5. Organized Under the Laws of: FL W 79861		6. Annual Report must be signed.* Signature: Judy Genshino-Kelly Name (type or print): Judy Genshino-Kelly Date: 11/30/2011 Title: VP, Treasurer				
Processed 11/30/2011		* Electronically provided signatures are accepted as original signatures.				