No. **W 79861**	**Due no later than Dec 31, 2009**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KFORCE HEALTHCARE FLEX, LLC 1001 E PALM AVE TAMPA FL 33605 USA	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New 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
MANAGER	PETER ALONSO	1001 E PALM AVE	TAMPA	FL	USA	33605
MANAGER	JUDY M GENSHINO-KELLY	1001 E PALM AVE	TAMPA	FL	USA	33605
MANAGER	DAVID M KELLY	1001 E PALM AVE	TAMPA	FL	USA	33605
MANAGER	SARA R NICHOLS	1001 E PALM AVE	TAMPA	FL	USA	33605

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FL **W 79861**	Signature: Judy M Genshino-Kelly	Date: 12/21/2009
	Name (type or print): Judy M Genshino-Kelly	Title: Treasurer

Processed 12/21/2009

* Electronically provided signatures are accepted as original signatures.