



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 130983		2. Exact name of the limited liability company Titan Medical Group, LLC		
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TEMPORARY MEDICAL STAFFING		
5. Principal office address 4526 S. 143rd Street		City Omaha	State NE	Zip 68131
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Brian Wilke		Contact Title CEO		
Street Address 4526 S. 143rd Street		City Omaha	State NE	Zip 68137
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Manager Name Brian M. Wilke		Manager Name		
Street Address 4526 S. 143rd Street		Street Address		
City Omaha	State NE	Zip 68137	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name CAPITOL CORPORATE SERVICES, INC.		Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Authorized Person Date 9/14/07

Brian M. Wilke
Print or Type Name of Authorized Person

File Date	<u>9-10-07</u>
Check No.	<u>09059</u>
By:	<u>MNC</u>
FOR SECRETARY OF STATE USE ONLY	