



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. 157670		2. Exact name of the limited liability company TRAVEL NURSE SOLUTIONS, LLC	
3. State of Formation GEORGIA		4. Brief description of the character of the business which is actually conducted in Rhode Island Temporary NURSE Staffing Company	
5. Principal office address 3650 Mansell Rd Ste 300		City Alpharetta	State Georgia
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name C.L. Wagner Esq.		Contact Title General Counsel	Zip 30022
Street Address 3650 Mansell Road Ste 300		City Alpharetta	State Georgia
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 Richard L. Jackson		Manager Name PAUL Gunnoe	
Street Address 3650 Mansell Road Ste 300		Street Address 3500 Blue Lake Drive Ste 290	
City Alpharetta	State Georgia	City Birmingham	State Alabama
Zip 30022		Zip 35243	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		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).

FILED

File Date **OCT 01 2007**
Check No. **By 60851**
By: _____

FOR SECRETARY OF STATE USE ONLY

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

PAUL Gunnoe
Print or Type Name of Authorized Person