



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. <b>157670</b>		2. Exact name of the limited liability company <b>TRAVEL NURSE SOLUTIONS, LLC</b>	
3. State of Formation <b>GEORGIA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Temporary NURSE Staffing Company</b>	
5. Principal office address <b>3650 Mansell Rd Ste 300</b>		City <b>Alpharetta</b>	State <b>Georgia</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>C.L. Wagner Esq.</b>		Contact Title <b>General Counsel</b>	Zip <b>30022</b>
Street Address <b>3650 Mansell Road Ste 300</b>		City <b>Alpharetta</b>	State <b>Georgia</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Richard L. Jackson</b>		Manager Name <b>PAUL Gunnoe</b>	
Street Address <b>3650 Mansell Road Ste 300</b>		Street Address <b>3500 Blue Lake Drive Ste 290</b>	
City <b>Alpharetta</b>	State <b>Georgia</b>	City <b>Birmingham</b>	State <b>Alabama</b>
Zip <b>30022</b>		Zip <b>35243</b>	
Manager Name		Manager Name	
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 <b>CORPORATION SERVICE COMPANY</b>		Address	
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888-</b>

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