RI SOS Filing Number: 201070809810 Date: 10/19/2010 10:47 AM

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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2010

1. ID No. 000487913

2. Exact Name of the Limited Liability Company Kforce Healthcare Flex, LLC

3. State of Formation

State: FL

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Employment Services

5. Principal Office Address

No. and Street: 1001 EAST PALM AVE
City or Town: TAMPA State: FL Zip: 33605 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 1001 EAST PALM AVE
City or Town: TAMPA State: FL Zip: 33605 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PETER M ALONSO	1001 EAST PALM AVE TAMPA, FL 33605 USA
MANAGER	KRIS ELLIS	1001 EAST PALM AVE TAMPA, FL 33605 USA
MANAGER	DAVID M KELLY	1001 EAST PALM AVE TAMPA, FL 33605 USA
MANAGER	JOSEPH J LIBERATORE	1001 EAST PALM AVE TAMPA, FL 33605 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

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

Signed this 19 Day of October, 2010 at 10:49:29 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JUDY GENSHINO-KELLY
Signature of Authorized Person

Form No. 632
Revised 09/07