



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: 2013

1. ID No. 000792074

2. Exact Name of the Limited Liability Company Medical Solutions L.L.C.

3. State of Formation

State: DE

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

Provided nurse and allied professionals to hospitals on a contract basis.

5. Principal Office Address

No. and Street: 9101 WESTERN AVENUE, SUITE 101

City or Town: OMAHA

State: NE Zip: 68114 Country: USA

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

Contact Name: Contact Title:

No. and Street: 9101 WESTERN AVENUE, SUITE 101

City or Town: OMAHA

State: NE Zip: 68114 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	VARUN BEDI	60 EAST 42 STREET, SUITE 4510 NEW YORK, NY 10165 USA
MANAGER	MIKE GREEN	60 EAST 42 STREET, SUITE 4510 NEW YORK, NY 10165 USA
MANAGER	CHAD SPOONER	60 EAST 42 STREET, SUITE 4510 NEW YORK, NY 10165 USA
MANAGER	JOHN BRETLE	60 EAST 42 STREET, SUITE 4510 NEW YORK, NY 10165 USA
MANAGER	JOE COTTONE	60 EAST 42 STREET, SUITE 4510

		NEW YORK, NY 10165 USA
MANAGER	STEVE FRANCIS	PO BOX 675770 RANCHO SANTA FE, CA 92067 USA
MANAGER	SCOTT ANDERSON	9101 WESTERN AVENUE, SUITE 101 OMAHA, NE 68114 USA
MANAGER	DALE WILLIAMS	9101 WESTERN AVENUE, SUITE 101 OMAHA, NE 68114 USA
MANAGER	PATRICK J DUFFY	1601 DODGE STREET, SUITE 3800 OMAHA, NE 68102 USA

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 20 Day of August, 2013 at 3:17:40 PM 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 AMY PARTRIDGE
Signature of Authorized Person

Form No. 632
Revised 09/07

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