



**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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000487897

2. Name of Corporation Kforce Healthcare, Inc.

3. Street Address Principal Business Office:

No. and Street: 1001 EAST PALM AVENUE
City or Town: TAMPA

State: FL Zip: 33605 Country: USA

4. Business Phone No.

8135523419

5. State of Incorporation

State: FL

6. Brief Description of the Character of Business Conducted in Rhode Island

Employment Services

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JUDY M GENSHINO-KELLY	1001 E PALM AVE TAMPA, FL 33605 USA
VICE PRESIDENT	DAVID M KELLY	1001 E PALM AVE TAMPA, FL 33605 USA
VICE PRESIDENT	JUDY M GENSHINO-KELLY	1001 E PALM AVE TAMPA, FL 33605 USA
DIRECTOR	DAVE KELLY	1001 E PALM AVE TAMPA, FL 33605 USA
VICE PRESIDENT	SARA NICHOLS	1001 E PALM AVE

		TAMPA, FL 33605 USA
ASSISTANT SECRETARY	EDWIN SOTO	1001 E PALM AVE TAMPA, FL 33605 USA
DIRECTOR, PRESIDENT	PEGGY PRICHER	1001 E PALM AVE. TAMPA, FL 33605 USA
CHAIRMAN	DAVE KELLY	1001 E PALM AVE. TAMPA, FL 33605 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	10,000.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 27 Day of January, 2014 at 3:01:15 PM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By EDWIN SOTO
Signature of Authorized Representative of the Corporation

ASST. SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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