RI SOS Filing Number: 201609490870 Date: 09/27/2016 5:33 PM

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: 2016

1. ID No. 000547729

2. Exact Name of the Limited Liability Company Fusion Medical Staffing LLC

3. State of Formation

State: NE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 8833

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

MEDICAL STAFFING SERVICES FOR PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, AND NURSES

5. Principal Office Address

No. and Street: 11808 GRANT ST
SUITE 100
City or Town: OMAHA State: NE Zip: 68164 Country: USA

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

Contact Name: ANDREA SHULTZ Contact Title: CONTROLLER
No. and Street: 11818 GRANT ST
SUITE 100
City or Town: OMAHA State: NE Zip: 68164 Country: USA

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

0-2738-0

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

MANAGER	SAM WAGEMAN	11808 GRANT ST., STE 100 OMAHA, NE 68164 USA
MANAGER	SCOTT WEHNER	11808 GRANT ST., STE 100 OMAHA, NE 68164 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 27 Day of September, 2016 at 5:36:36 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 BRUCE PEOPLES
Signature of Authorized Person

Form No. 632
Revised 09/07