

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006089

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** USHEALTH CAREER AGENCY, INC.

**Current Principal Place of Business:**

801 CHERRY ST  
UNIT 33  
FT WORTH, TX 76102

**New Principal Place of Business:**

**Current Mailing Address:**

801 CHERRY ST  
UNIT 33  
FT WORTH, TX 76102

**New Mailing Address:**

**FEI Number:** 75-2192748      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: CUTLER, BENJAMIN M  
Address: 801 CHERRY ST - UNIT 33  
City-St-Zip: FT WORTH, TX 76102

Title: CEO  
Name: CUTLER, BENJAMIN M  
Address: 801 CHERRY ST - UNIT 33  
City-St-Zip: FT WORTH, TX 76102

Title: SVPT  
Name: KOENIG, CYNTHIA B  
Address: 801 CHERRY ST - UNIT 33  
City-St-Zip: FT WORTH, TX 76102

Title: VPS  
Name: WHITE, JAMES R JR  
Address: 801 CHERRY ST - UNIT 33  
City-St-Zip: FT WORTH, TX 76102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA B KOENIG

SVPT

01/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date