

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED

04 JUN 24 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54057954



MOORE CR2E034 (11/03)

<b>DOCUMENT # P02000001580</b>			
1. Entry Name <b>1ST CALL MEDICAL STAFFING, INC.</b>			
Principal Place of Business 103 HIDDEN LAKE DRIVE BRANDON FL 33511		Mailing Address 103 HIDDEN LAKE DRIVE BRANDON FL 33511	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>04-3586871</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature of person or persons of registered agent and filer if applicable (SEE Employment Agent registration required when used for FEI)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VIERRA, CLAUDIA Z 103 HIDDEN LAKE DRIVE BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST VIERRA, WALTER C 103 HIDDEN LAKE DRIVE BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		4-6-04 813 651 1662	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Daytime Phone #	

Attachment

24057954  
PO2000001580

**1st CALL MEDICAL STAFFING, INC.**  
**103 HIDDEN LAKE DRIVE**  
**BRANDON, FL 33511**

813-851-1882

813-843-8878 Fax

To Whom It May Concern:

I have done a review of my bank statements for April 2004 and discovered that check # 624 was not cashed. Check 624 was sent on April 6 2004 for the (2004 for profit corporation annual report). I have called your office on June 14 2004 and was told you have no information on this (did not receive or cash check 624 for this payment.

Please find enclosed copy of the original document and another check for \$150.00 for filing fee.

Please do not attempt to cash check #624 if it should surface, as I have called my bank and placed a stop / hold payment order on it.

Thank you for your cooperation.



Walter Vierra VP.

1st Call Medical Staffing, Inc.