

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044488

FILED
Jul 05, 2005
Secretary of State

Entity Name: MEDICAL RESOURCE STAFFING CORPORATION

Current Principal Place of Business:

9307 120TH WAY NORTH
SEMINOLE, FL 33772

New Principal Place of Business:

62 DONCASTER ROAD
MALVERNE, NY 11565

Current Mailing Address:

9307 120TH WAY NORTH
SEMINOLE, FL 33772

New Mailing Address:

62 DONCASTER ROAD
MALVERNE, NY 11565

FEI Number: 04-3650157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUDIOSO, MICHAEL J
9307 120TH WAY NORTH
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

GAUDIOSO, MICHAEL J
62 DONCASTER ROAD
MALVERNE, FL 11565 US

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: MICHAEL GAUDIOSO

07/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GAUDIOSO, MICHAEL J MR.
Address: 9307 120TH WAY NORTH
City-St-Zip: SEMINOLE, FL 33772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GAUDIOSO, MICHAEL J MR.
Address: 62 DONCASTER ROAD
City-St-Zip: MALVERNE, NY 11565 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL GAUDIOSO

MR

07/05/2005

Electronic Signature of Signing Officer or Director

Date