

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000073913

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Entity Name:** PREFERRED MEDICAL STAFFING SOLUTIONS INC.

**Current Principal Place of Business:**

2520 SW 11TH CT.  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

2520 SW 11TH CT.  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 38-3819007      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILCKEN, SHANNON  
2520 SW 11TH CT.  
CAPE CORAL, FL 33914 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:** P,D  
**Name:** WILCKEN, SHANNON  
**Address:** 2520 SW 11TH CT.  
**City-St-Zip:** CAPE CORAL, FL 33914 US

**Title:** T, S  
**Name:** WILCKEN, SHANNON  
**Address:** 2520 SW 11TH CT.  
**City-St-Zip:** CAPE CORAL, FL 33914 US

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: SHANNON WILCKEN

P

03/05/2011

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

\_\_\_\_\_ Date