

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000073913

FILED
Feb 23, 2012
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 WILCKENS

P

02/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date