

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003112

Entity Name: ACCOUNTABLE HEALTHCARE STAFFING, INC.

FILED
Jan 12, 2015
Secretary of State
CC5416086931

Current Principal Place of Business:

999 YAMATO ROAD
SUITE 210
BOCA RATON, FL 33431

Current Mailing Address:

999 YAMATO ROAD
SUITE 210
BOCA RATON, FL 33431 US

FEI Number: 45-2469689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: NRAI

01/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, CEO
Name ADAMSON, ROBERT J
Address 999 YAMATO ROAD
SUITE 210
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name ALBERT, EDWARD Y JR.
Address 999 YAMATO ROAD
SUITE 210
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT, TREASURER
Name LITTLE, KEVIN
Address 999 YAMATO ROAD
SUITE 210
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name GOLDWYN, ANDREW S
Address 999 YAMATO ROAD
SUITE 210
City-State-Zip: BOCA RATON FL 33431

Title CFO
Name YESNER, JEFF
Address 999 YAMATO ROAD
SUITE 210
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name HOLLIS, C. DARYL
Address 999 YAMATO ROAD
SUITE 210
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name FODALE, PATRICK
Address 999 YAMATO ROAD
SUITE 210
City-State-Zip: BOCA RATON FL 33431

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: ANDREW S. GOLDWYN

SECRETARY

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date