

**2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F11000003112

**Entity Name:** ACCOUNTABLE HEALTHCARE STAFFING, INC.

**FILED**  
**Oct 20, 2021**  
**Secretary of State**  
**0437224475CC**

**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: Yes**

**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

10/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO, TREASURER

Name YESNER, JEFF

Address 999 YAMATO ROAD  
SUITE 210

City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR, PRESIDENT, CEO

Name KIMIWADA, TAKASHI

Address 999 YAMATO ROAD  
SUITE 210

City-State-Zip: BOCA RATON FL 33431

Title SECRETARY

Name DAIRE, ANDREW

Address 999 YAMATO ROAD  
SUITE 210

City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR

Name OMURA, TETSURO

Address 999 YAMATO ROAD  
SUITE 210

City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR

Name OTA, TOSHIYA

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 J DAIRE

**SECRETARY**

10/20/2021

Electronic Signature of Signing Officer/Director Detail

Date