

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005182

FILED
Jan 07, 2007
Secretary of State

Entity Name: RESOLVE HEALTHCARE STAFFING, INC.

Current Principal Place of Business:

105 N. FALKENBURG RD., STE. B
TAMPA, FL 33619

New Principal Place of Business:

9800 4TH ST N SUITE 101
ST PETERSBURG, FL 33702

Current Mailing Address:

3235 OMNI DR
CINCINNATI, OH 45245

New Mailing Address:

3235 OMNI DR
CINCINNATI, OH 452451515

FEI Number: 20-0308456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEINEMAN, RONALD E
Address: 3235 OMNI DRIVE
City-St-Zip: CINCINNATI, OH 45245

Title: DS () Delete
Name: QUARTERMAN, DONALD
Address: 3235 OMNI DRIVE
City-St-Zip: CINCINNATI, OH 45245

Title: T () Delete
Name: LAWRY, THOMAS
Address: 3235 OMNI DRIVE
City-St-Zip: CINCINNATI, OH 45245

Title: CFO () Delete
Name: HORNE, SCOTT
Address: 3235 OMNI DRIVE
City-St-Zip: CINCINNATI, OH 45245

Title: COO () Delete
Name: LUDDERS, STEVE
Address: 3235 OMNI DRIVE
City-St-Zip: CINCINNATI, OH 45245

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS J LAWRY

T

01/07/2007

Electronic Signature of Signing Officer or Director

Date