2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# F06000004643

Entity Name: MEDICAL ALLIANCE STAFFING, INC.

Current Principal Place of Business:

625 NW 17TH AVE SUITE 5
POMPANO BEACH, FL 33069

New Principal Place of Business:

4460 N.W. 45TH. TERRACE
COCONUT CREEK, FL 33073

Current Mailing Address:

625 NW 17TH AVE SUITE 5
POMPANO BEACH, FL 33069

New Mailing Address:

4460 N.W. 45TH. TERRACE
COCONUT CREEK, FL 33073

FEI Number: 74-3182011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYNES, SALLY B
625 NW 17TH AVE SUITE 5
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

THE DELAWARE COMPANY
108 WEST 13TH. STREET
WILMINGTON, DE, FL 19801 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: MARK SCHIFF 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: HAYNES, SALLY B
Address: 625 NW 17TH AVE SUITE 5
City-St-Zip: POMPANO BEACH, FL 33069

Title: V ( ) Delete
Name: HAYNES, JOSEPH A
Address: 625 NW 17TH AVE SUITE 5
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: HAYNES, SALLY B
Address: 4460 N.W. 45TH. TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: V (X) Change ( ) Addition
Name: HAYNES, JOSEPH A
Address: 4460 N.W. 45TH. TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify 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: SALLY B. HAYNES PST 04/30/2008
Electronic Signature of Signing Officer or Director — Date