

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000001499

FILED
Oct 15, 2008
Secretary of State

Entity Name: MEDICAL STAFFING NETWORK, INC.

Current Principal Place of Business:

901 YAMATO RD
SUITE 110
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

901 YAMATO RD
SUITE 110
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-3489868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: LUIS URIARTE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ADAMSON, ROBERT
Address: 901 YAMATO RD., #110
City-St-Zip: BOCA RATON, FL 33431

Title: PST () Delete
Name: LITTLE, KEVIN S
Address: 901 YAMATO RD., #110
City-St-Zip: BOCA RATON, FL 33431

Title: CNO () Delete
Name: DONOHOE, PATRICIA
Address: 901 YAMATO RD., #110
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: ACKERMAN, JOEL
Address: 901 YAMATO RD., #110
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: WENSTRUP, DAVID
Address: 901 YAMATO RD., #110
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: WESTER, DAVID
Address: 901 YAMATO RD., #110
City-St-Zip: BOCA RATON, FL 33431

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:

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

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: KEVIN S. LITTLE

PST

10/15/2008

Electronic Signature of Signing Officer or Director

Date