

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H75726

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE CARE MEDICAL PERSONNEL AGENCY, INC.

**Current Principal Place of Business:**

2421 QUANTUM BLVD  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2421 QUANTUM BLVD  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 59-2572309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REX, RAYMOND R JR  
2421 QUANTUM BLVD  
BOYNTON BEACH, FL 33426 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: DYER, LINDA L  
Address: 4600 COLLIER RD  
City-St-Zip: LAKE WORTH, FL 33461

Title: T  
Name: SWEET, WALTER  
Address: 4600 COLLIER RD  
City-St-Zip: LAKE WORTH, FL 33461

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: WALTER SWEET

TRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date