

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90027 001 *****8.75
 04-10-2007 90027 002 ***150.00



DOCUMENT # K51290
 1. Entity Name
STAT NURSING SERVICES INTERNATIONAL INC.

Principal Place of Business
6282 DENNY LANE
MABLETON, GA 30126 US

Mailing Address
603 CRACKER BARREL RD
QUINCY, FL 32351 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

SPEIGEL, LAWRENCE J.
343 ALMERIA AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCEO SIMMONS, DAYMON B 6282 DENNY LANE ATLANTA, GA 30126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNDERWOOD, RENEE 177 WARWICK STREET DALY CITY, CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO JOHNSON, LEON 603 CRACKER BARREL ROAD QUINCY, FL 32351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, PATRICIA A RNC 603 CRACKER BARREL ROAD QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SNC JOHNSON, PATRICIA 603 CRACKER BARREL RD QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BOBB, JAMES C 572 SENECA STREET MERCED, CA 95340 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Volunteer Secretary Patricia A JOHNSON RNC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 603 Cracker Barrel RD <input checked="" type="checkbox"/> Delete Quincy Florida 32351 <input checked="" type="checkbox"/> Disabled
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SNC Senior Nurse Consultant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patricia A. JOHNSON <input checked="" type="checkbox"/> Delete 603 Cracker Barrel RD <input checked="" type="checkbox"/> Disabled Quincy, Florida 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leon Johnson* **3-26-07** 877-540-2694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #