
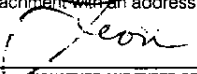


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2917453	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	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 JOHNSON, PATRICIA 603 CRACKER BARREL RD QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete		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	AVP BOBB, JAMES C 572 SENECA STREET MERCED, CA 95340 <input type="checkbox"/> Delete		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: 			3-26-07 877-540-2694		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		