

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54397

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: ALL MEDICAL PERSONNEL, INC.

**Current Principal Place of Business:**

4000 HOLLYWOOD BLVD., #600-N  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 HOLLYWOOD BLVD., #600-N  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

FEI Number: 65-0183048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERNSTEIN, NEIL  
4651 SHERIDAN ST.  
STE. 350  
HOLLYWOOD, FL 33021 US

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

BERNSTEIN, NEIL  
4000 HOLLYWOOD BLVD  
SUITE 600N  
HOLLYWOOD, FL 33021 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:

Electronic Signature of Registered Agent

04/21/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHWARTZBARD, MARVIN  
Address: 6000 ISLAND BLVD APT 2704  
City-St-Zip: AVENTURA, FL 33160

Title: D  
Name: BERNSTEIN, NEIL  
Address: 4000 HOLLYWOOD BLVD., #600-N  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D  
Name: SCHWARTZBARD, JULIE  
Address: 19451 AMBASSADOR CT.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: MICHAEL LEWITT

VP

04/21/2011

Electronic Signature of Signing Officer or Director

Date