

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007421

FILED
Apr 24, 2008
Secretary of State

Entity Name: JFK MEDICAL STAFF, INC.

Current Principal Place of Business:

5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 65-0871356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, ROSS
5301 S CONGRESS AVE
LAKE WORTH, FL 33462 US

Name and Address of New Registered Agent:

LAKOW, MICHAEL
5301 S CONGRESS AVE
LAKE WORTH, FL 33462 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: MICHAEL LAKOW

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STONE, ROSS
Address: 5301 SO CONGRESS AVE
City-St-Zip: ATLANTIS, FL 33462

Title: PE () Delete
Name: LAKOW, MICHAEL
Address: 5301 SO CONGRESS AVE
City-St-Zip: ATLANTIS, FL 33462

Title: T () Delete
Name: SANCHEZ, CARLOS
Address: 5301 S CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: ZELTZER, JACK
Address: 5301 SO CONGRESS AVE
City-St-Zip: ATLANTIS, FL 33462

Title: P (X) Change () Addition
Name: LAKOW, MICHAEL
Address: 5301 SO CONGRESS AVE
City-St-Zip: ATLANTIS, FL 33462

Title: T (X) Change () Addition
Name: VONSOHSTEN, ROBERTO
Address: 5301 S CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33462

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LAKOW

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date