

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100540

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** COOPERATIVE CARE STAFFING, INC.

**Current Principal Place of Business:**

5553 HWY 90 WEST  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

5553 HWY 90 WEST  
PACE, FL 32571

**New Mailing Address:**

**FEI Number:** 59-3678990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARG, PURUSHOTTAM K  
5553 HWY 90 WEST  
PACE, FL 32571 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: PD  
Name: GARG, ANJU  
Address: 4534 AMBLEWOOD COURT  
City-St-Zip: PACE, FL 32571

Title: DS  
Name: GARG, PURUSHOTTAM K  
Address: 4534 AMBLEWOOD COURT  
City-St-Zip: PACE, FL 32571

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: PURUSHOTTAM K. GARG

DS

04/22/2011

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

\_\_\_\_\_ Date