

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083159

FILED
Mar 30, 2009
Secretary of State

Entity Name: MEDICAL STAFFING OF S.W. FLORIDA, INC.

Current Principal Place of Business:

1112 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34102 US

New Principal Place of Business:

1164 GOODLETTE ROAD
NAPLES, FL 34102 US

Current Mailing Address:

1112 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34102 US

New Mailing Address:

1164 GOODLETTE ROAD
NAPLES, FL 34102 US

FEI Number: 65-1132135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TALANO, JAMES J
1112 GOODLETTE RD
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

TALANO, JAMES J
1164 GOODLETTE RD
NAPLES, FL 34102 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: JAMES J. TALANO

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: TALANO, JAMES J
Address: 1112 GOODLETTE ROAD, SUITE 201
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: TALANO, JAMES J
Address: 1164 GOODLETTE ROAD
City-St-Zip: NAPLES, FL 34102 US

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

SIGNATURE: JAMES J. TALANO

PST

03/30/2009

Electronic Signature of Signing Officer or Director

Date