

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009850

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** BEREAN HEALTHCARE STAFFING INCORPORATED

**Current Principal Place of Business:**

2114 N. FLAMINGO ROAD  
SUITE 100  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

630 CINNAMON COURT  
SATELLITE BEACH, FL 32937 US

**Current Mailing Address:**

2114 N. FLAMINGO ROAD  
SUITE 100  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

630 CINNAMON COURT  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 01-0594833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SNYDER, SHAWN C ESQ.  
7931 SW 45TH STREET  
DAVIE, FL 33328 US

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

SNYDER, SHAWN C .  
7931 SW 45TH STREET  
DAVIE, FL 33328 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:** SHAWN C. SNYDER, ESQ.

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** KELTY, JOELNIKA  
**Address:** 630 CINNAMON COURT  
**City-St-Zip:** SATELLITE BEACH, FL 32937 US

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:** JOELNIKA KELTY

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04/24/2012

Electronic Signature of Signing Officer or Director

Date