2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019580

Entity Name: IRONMAN STAFFING MEDICAL SERVICES INC

FILED Jan 27, 2009 Secretary of State

Entity Name: IRONW	AN STAFFING MEDICAL SERV	ICES, INC.		
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
4045 SHERIDAN AVEN	IUE			
371 MIAMI BEACH, FL 331	40			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
4045 SHERIDAN AVEN	IUE			
371 MIAMI BEACH, FL 331	40			
FEI Number: 03-0387522	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
PIOTROWSKI, ROBER 4045 SHERIDAN AVEN 371				
MIAMI BEACH, FL 331	40 US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Ago	ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D (Name: PIOTROWSK) Delete I, ROBERT		(X) Change()Addition (I, ROBERT JR.	

Title: D () Delete Title: D (X) Change () Addition Name: PIOTROWSKI, ROBERT JR. Address: 4045 SHERIDAN AVENUE, #371 Address: 4045 SHERIDAN AVENUE, #371 City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140

Title: PVST () Delete Title: () Change () Addition

 Title:
 PVST () Delete
 Title:

 Name:
 PIOTROWSKI, ROBERT JR.
 Name:

 Address:
 4045 SHERIDAN AVENUE, #371
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:

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: ROBERT PIOTROWSKI JR. PVST 01/27/2009