

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000104562

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL STAFFING SOURCE OF AMERICA INC.

**Current Principal Place of Business:**

2304 MESSENGER CIR.  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

2304 MESSENGER CIR.  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 11-3659160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANE, DOUGLAS S  
2304 MESSENGER CIRCLE.  
SAFETY HARBOR, FL 34695 US

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

KANE, DOUGLAS S  
2304 MESSENGER CIRCLE  
SAFETY HARBOR, FL 34695 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:** DOUGLAS S. KANE

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** KANE, DOUGLAS S  
**Address:** 2304 MESSENGER CIRCLE  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** VP  
**Name:** KANE, AMANDA K  
**Address:** 2304 MESSENGER CIRCLE  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** CFO  
**Name:** KANE, JOYCE A  
**Address:** 2851 RAMPART CIRCLE  
**City-St-Zip:** CLEARWATER, FL 33761

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:** DOUGLAS S. KANE

PCEO

01/16/2012

Electronic Signature of Signing Officer or Director

Date