

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000081201

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** VETOM MEDICAL STAFFING INC.

**Current Principal Place of Business:**

9337 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

9337 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 65-1198281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALASUBRAMANIAM, KIRUDDINAN  
9864 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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

BABU, MARYKUTTY  
9337 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467 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: MARYKUTTY BABU

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BABU, MARYKUTTY  
Address: 9337 SAVANNAH ESTATES DR  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP  
Name: JOSEPH, BABU  
Address: 9337 SAVANNAH ESTATES DR  
City-St-Zip: LAKE WORTH, FL 33467

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: MARYKUTTY BABU

P

02/29/2012

Electronic Signature of Signing Officer or Director

Date