2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099626

Entity Name: HEALTH FORCE STAFFING, INC.

PLANTATION,, FL 33317

City-St-Zip:

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1021 AMERICAN WAY 10880 NW 29 MANOR KISSIMMEE, FL 34741 SUNRISE, FL 33322 US **Current Mailing Address: New Mailing Address:** 10880 NW 29 MANOR 1021 AMERICAN WAY SUNRISE, FL 33322 KISSIMMEE, FL 34741 US FEI Number: 54-2125749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ESPEJO, JOSE F 10880 NW 29 MANOR SUNRISE, FL 33322 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ESPEJO, JOSE F Name: Name: 10880 NW 29 MANOR Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: DUPLESSY, LESLY MR. Name: 4772 NW 2ND CT, Address: Address:

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: JOSE FRONDA ESPEJO PRES 03/05/2009