


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000100869 1. Entity Name HEALTHCARE SUPPORT STAFFING OF SOUTH FLORIDA, INC.	
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Principal Place of Business 495 N. KELLER ROAD, SUITE 151 MAITLAND, FL 32751	Mailing Address 495 N. KELLER ROAD, SUITE 151 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2025224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LANGMO, BERNARD D
495 N. KELLER ROAD, SUITE 151
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGMO, BERNARD D 495 N. KELLER ROAD, SUITE 151 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, ERIC 495 N. KELLER ROAD, SUITE 151 MAITLAND, FL 32751
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard D. Langmo 1/5/06 407-478-0332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bernard D. Langmo