

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100869

FILED
May 06, 2009
Secretary of State

Entity Name: HEALTHCARE SUPPORT STAFFING OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

550 W. CYPRESS CREEK ROAD
#350
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

2269 LEE ROAD
WINTER PARK, FL 32789

Current Mailing Address:

1800 PEMBROOK DRIVE, SUITE 100
ORLANDO, FL 32810

New Mailing Address:

2269 LEE ROAD
WINTER PARK, FL 32789

FEI Number: 43-2025224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGMO, BERNARD D
1800 PEMBROOK DRIVE, SUITE 100
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

LANGMO, BERNARD D
2269 LEE ROAD
WINTER PARK, FL 32789 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: BERNARD LANGMO

05/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANGMO, BERNARD D
Address: 1800 PEMBROOK DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANGMO, BERNARD D
Address: 2269 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

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: BERNARD LANGMO

CEO

05/06/2009

Electronic Signature of Signing Officer or Director

Date