

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103560

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: DIVERSE MEDICAL STAFFING INCORPORATED

## Current Principal Place of Business:

306 CINDY LANE  
BRANDON, FL 33510 US

## New Principal Place of Business:

510 W. VONDERBURG DRIVE  
204  
BRANDON, FL 33511 US

## Current Mailing Address:

306 CINDY LANE  
BRANDON, FL 33510 US

## New Mailing Address:

8875 HIDDEN RIVER PARKWAY  
300  
TAMPA, FL 33637 US

FEI Number: 20-0249631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SICARDO, MICHAEL A  
306 CINDY LANE  
BRANDON, FL 33510 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: SICARDO, MICHAEL A  
Address: 306 CINDY LANE  
City-St-Zip: BRANDON, FL 33510 US

Title: VP ( ) Delete  
Name: ALVAREZ-SICARDO, GUADALUPE  
Address: 306 CINDY LANE  
City-St-Zip: BRANDON, FL 33510 US

Title: TREAS ( ) Delete  
Name: SICARDO, MICHAEL A  
Address: 306 CINDY LANE  
City-St-Zip: BRANDON, FL 33510 US

Title: SEC ( ) Delete  
Name: ALVAREZ-SICARDO, GUADALUPE  
Address: 306 CINDY LANE  
City-St-Zip: BRANDON, FL 33510 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: MICHAEL A. SICARDO

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date