


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000045068		
1. Entity Name PROFESSIONAL HEALTHCARE RECRUITERS, CORP.		
Principal Place of Business 5114 CREEKSIDE TRAIL SARASOTA, FL 34243		Mailing Address 5114 CREEKSIDE TRAIL SARASOTA, FL 34243
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">05142006 No Chg-P CR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 37-1291452</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent SANDERS, CORAZON C 5114 CREEKSIDE TRAIL SARASOTA, FL 34243		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		<div>U00000565088 05/20/06-80110-003 158.75</div> DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	SANDERS, CORAZON C	
STREET ADDRESS	5114 CREEKSIDE TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SV	
NAME	ELMY, RUSSELL K	
STREET ADDRESS	5114 CREEKSIDE TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>CC Sanders 5/15/06 CORAZON C. SANDERS 941-358-8359</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		