2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# P04000108728

Entity Name: CENTRAL FLORIDA QUALITY CARE STAFFING, INC

Current Principal Place of Business:

933 LEE RD, STE 408
ORLANDO, FL 32810

New Principal Place of Business:

933 LEE RD, STE 320
ORLANDO, FL 32810

Current Mailing Address:

933 LEE RD, STE 408
ORLANDO, FL 32810

New Mailing Address:

933 LEE RD, STE 320
ORLANDO, FL 32810

FEI Number: 20-1375748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFON, VECHEL
637 CHEVIOT CT.
APOPKA, FL 32712 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: GRIFFON, VECHEL
Address: 637 CHEVIOT CT.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VECHEL GRIFFON PRES 04/02/2008
Electronic Signature of Signing Officer or Director Date