

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121049

FILED
Jan 10, 2011
Secretary of State

Entity Name: ATTE CLINICAL STAFFING, INC.

Current Principal Place of Business:

5617 NW 7 ST., STE. 205
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5617 NW 7 ST., STE. 205
MIAMI, FL 33126

New Mailing Address:

FEI Number: 86-0004870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMOS, PAUL M
5617 NW 7 STREET, STE 205
MIAMI, FL 33126 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

OFFICERS AND DIRECTORS:

Title: D
Name: MAYA, RALPH
Address: 7600 RED RD., STE. 214
City-St-Zip: SOUTH MIAMI, FL 33143

Title: PD
Name: RAMOS, PAUL M
Address: 9415 SUNSET DR. #195
City-St-Zip: MIAMI, FL 33173

Title: SD
Name: CROSS, NICHOLAS
Address: 9800 SW 148TH TERR.
City-St-Zip: MIAMI, FL 33176

Title: TD
Name: PUIG, ALELI L
Address: 937-SW 72ND ST., #A-200
City-St-Zip: MIAMI, FL 33173

I hereby 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 all other like empowered.

SIGNATURE: PAUL RAMOS

PD

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date