


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P04000137200 1. Entity Name RELIASTAFF HEALTHCARE SERVICES, INC. |  |
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|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 225 NW 101ST AVENUE PLANTATION, FL 33324 | Mailing Address 225 NW 101ST AVENUE PLANTATION, FL 33324 |
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DO NOT WRITE IN THIS SPACE



04212007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 34-2019754 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SERRANO, WILLIAM 225 NW 101ST AVENUE PLANTATION, FL 33324 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000747522 05/17/07-80030-002 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SERRANO, WILLIAM 225 NW 101ST AVENUE PLANTATION, FL 33324 |
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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: William W. Serrano **WILLIAM W. SERRANO, PRESIDENT** 04/27/07 (954) 4782449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone