

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000071950

**FILED**  
**Mar 28, 2007**  
**Secretary of State**

**Entity Name:** SOUTH DADE MEDICAL STAFFING SERVICES, INC.

**Current Principal Place of Business:**

10700 CARIBBEAN BLVD, STE 302  
MIAMI, FL 33189 US

**New Principal Place of Business:**

10700 CARIBBEAN BLVD  
SUITE # 302  
MIAMI, FL 33189 US

**Current Mailing Address:**

10700 CARIBBEAN BLVD, STE 302  
MIAMI, FL 33189 US

**New Mailing Address:**

10700 CARIBBEAN BLVD  
SUITE # 302  
MIAMI, FL 33189 US

**FEI Number:** 20-2983474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, NOEL  
7700 N KENDALL DR, STE 505  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

PAYEN, PATRICIA L  
22012 SW 95TH PLACE  
MIAMI, FL 33190 US

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: PATRICIA L PAYEN

03/28/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOUIS, PATRICIA  
Address: 10700 CARIBBEAN BLVD, STE 302  
City-St-Zip: MIAMI, FL 33189 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PAYEN, PATRICIA L  
Address: 10700 CARIBBEAN BLVD, STE 302  
City-St-Zip: MIAMI, FL 33189 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA L PAYEN

P

03/28/2007

Electronic Signature of Signing Officer or Director

Date