## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000097451

Entity Name: PRIMARY MEDICAL STAFFING INC

FILED Feb 16, 2008 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place of Business:
SUITE 119	/ 77TH AVE ) (ES, FL 33014	ı	7975 NW 154TH STREET SUITE 370 MIAMI LAKES, FL 33016
Current M	lailing Addre	ss:	New Mailing Address:
	163RD TERRA (ES, FL 33016		7975 NW 154TH STREET SUITE 370 MIAMI LAKES, FL 33016
FEI Number:	: 32-0154697	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	l Address of (	Current Registered Agent:	Name and Address of New Registered Agent:
8551 N.W. MIAMI LAK	AUDE, PRINST . 163RD TERF KES, FL 33016 . named entity	ACE S US	e purpose of changing its registered office or registered agent, or both,
	e of Florida.		
SIGNATUR	RE:		
	Electro	nic Signature of Registered	Agent Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( JEAN-GLAUDE 8551 NW 163F MIAMI LAKES,	D TERRACE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DIR ( JEAN-GLAUDE 8551 NW 163F MIAMI LAKES,	D TER	Title: VP (X) Change ( ) Addition Name: JEAN-GLAUDE, EDWIGE Address: 8551 NW 163RD TER City-St-Zip: MIAMI LAKES, FL 33016

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: PRINSTON JEAN GLAUDE P 02/16/2008