2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/2.

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-23-2007 90032 006 ***150.00

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DOCUMENT # P05000153678

1. Entity Name
MERCY MEDICAL STAFFING, INC.

Principal Place of Business	Mailing Address
19001 FISHERMANS BEND DRIVE LUTZ FL 33558	19001 FISHERMANS BEND DRIVE LUTZ FL 33558

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
19001 Fishermans	19001 Fishermans Bend Dr.	
Suite, Apt. #, etc. Bend Dr.	Suite, Apt. #, etc.	
City & State Lutz.	City & State Lutz. Fl. 33558.	4. FEI Number 20-4893606 ☐ Applied For ☐ Not Applicable
Zip Fl. 33558 Country U.S.A. Hillsborogh	Zip 33558 Country Hillsborogh	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOMOLAFE, OMOLOLA 19001 FISHERMANS BEND DRIVE LUTZ FL 33558	Name N\A. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOMOLAFE, OLUAJAYI 19001 FISHERMANS BEND DRIVE LUTZ FL 33558 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOMOLAFE, OMOLOLA 19001 FISHERMANS BEND DRIVE LUTZ FL 33558 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Komolafe, OLUAJAYI KOMOLAFE 3/12/07 813-956-2049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-949-4972.