

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023506

FILED  
Sep 04, 2007  
Secretary of State

Entity Name: INNOVATIVE MEDICAL RECRUITER USA ,INC.

## Current Principal Place of Business:

3110 BLUE HERON DR. S.  
JACKSONVILLE, FL 32223 US

## New Principal Place of Business:

14951 WALDEN SPRINGS WAY  
#519  
JACKSONVILLE, FL 32258 US

## Current Mailing Address:

P.O.BOX 57612  
JACKSONVILLE, FL 32241 US

## New Mailing Address:

FEI Number: 76-0817326      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PATRIARCA, NATHANIEL D  
3110 BLUE HERON DR. S.  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

PATRIARCA, NATHANIEL D  
14951 WALDEN SPRINGS WAY  
#519  
JACKSONVILLE, FL 32258 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: NATHANIEL D. PATRIARCA

09/04/2007

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: PRES ( ) Delete  
Name: PATRIARCA, FLORENCE D  
Address: P.O.BOX 57612  
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: SEC ( ) Delete  
Name: DILLA, ELLYN M  
Address: 1650 SELWYN AVENUE 14-D  
City-St-Zip: BRONX, NY 10457 US

Title: TREAS ( ) Delete  
Name: PATRIARCA, FRANCES A  
Address: P.O.BOX 57612  
City-St-Zip: JACKSONVILLE, FL 32241 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DIAPO, FLORENCE V  
Address: P.O.BOX 57612  
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: SEC (X) Change ( ) Addition  
Name: PATRIARCA, FRANCES A  
Address: P.O.BOX 57612  
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FLORENCE V. DIAPO

PRES

09/04/2007

Electronic Signature of Signing Officer or Director

Date