

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056469

Entity Name: 1A MEDICAL STAFFING, INC.

FILED
Feb 08, 2008
Secretary of State

Current Principal Place of Business:

2706 ALTERNATE 19 NORTH, SUITE 300
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2706 ALTERNATE 19 NORTH, SUITE 300
PALM HARBOR, FL 34683

New Mailing Address:

P.O. BOX 2557
TARPON SPRINGS, FL 34688

FEI Number: 20-4785344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLADAKIS, CRISSY
2706 ALTERNATE 19 NORTH
SUITE 300
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLADAKIS, CRISSY
Address: 215 W. LEMON ST.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLADAKIS, CRISSY
Address: P.O. BOX 2557
City-St-Zip: TARPON SPRINGS, FL 34688

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: CRISSY CLADAKIS

P

02/08/2008

Electronic Signature of Signing Officer or Director

Date