

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000130353

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** PROHEALTH STAFFING, INC

**Current Principal Place of Business:**

4495 SW 179TH WAY  
MIRAMAR, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

4495 SW 179TH WAY  
MIRAMAR, FL 33029 US

**New Mailing Address:**

**FEI Number:** 20-5705600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIGH END INCOME TAX & ACCTG SRVCS  
4200 NW 16 ST  
600-A  
LAUDERHILL, FL 33313 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** OSAIYUWU, RICHARD  
**Address:** 17753 SW 47TH STREET  
**City-St-Zip:** MIRAMAR, FL 33029 US

**Title:** VPSD  
**Name:** UHUNMWANGHO, EGHOSA  
**Address:** 4495 SW 179 WAY  
**City-St-Zip:** MIRAMAR, FL 33029 US

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD OSAIYUWU

PD

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date