

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000036378

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BABY BOOMERS MEDICAL STAFFING, INC.

**Current Principal Place of Business:**

463049 STATE ROAD 200  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

463049 STATE ROAD 200  
YULEE, FL 32097 US

**New Mailing Address:**

**FEI Number:** 33-1156126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROUSSARD, MICHAEL L  
87302 BROOKER ROAD  
YULEE, FL 32097 US

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

BROUSSARD, MICHAEL L  
463049 STATE ROAD 200  
YULEE, FL 32097 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: BROUSSARD, MICHAEL L  
Address: 463049 STATE ROAD 200  
City-St-Zip: YULEE, FL 32097

Title: VS  
Name: BROUSSARD, ELIZABETH R  
Address: 463049 STATE ROAD 200  
City-St-Zip: YULEE, FL 32097

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: MICHAEL L. BROUSSARD

PT

04/30/2012

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

\_\_\_\_\_  
Date