

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055704

FILED
Mar 03, 2009
Secretary of State

Entity Name: WHITSYMS INC.

Current Principal Place of Business:

% WHITSYMS NURSING REGISTRY
2605 W ATLANTIC AVE - BLDG B-STE 101-103B
DELRAY BEACH, FL 33445

Current Mailing Address:

% WHITSYMS NURSING REGISTRY
2605 W ATLANTIC AVE - BLDG B-STE 101-103B
DELRAY BEACH, FL 33445

New Principal Place of Business:

WHITSYMS NURSING REGISTRY
2605 W ATLANTIC AVE - BLDG., B- 101-103B
DELRAY BEACH, FL 33445

New Mailing Address:

WHITSYMS NURSING REGISTRY
2605 W ATLANTIC AVE - BLDG B-STE 101-103B
DELRAY BEACH, FL 33445

FEI Number: 75-3242060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEALE, DAVID A
DAVID A. BEALE, P.A.
355 NE 5TH AVE - STE 1
DELRAY BEACH, FL 33483 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: ANDERSON, DONOVAN
Address: 2605 W ATLANTIC AVE-BLDG B - STE 101-103B
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, DONOVAN B P
Address: 2605 W ATLANTIC AVE-BLDG B - STE 101-103B
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Change (X) Addition
Name: ANDERSON, BEVERLY Y VP
Address: 2605 W ATLANTIC AVE-BLDG B - STE 101-103B
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Change (X) Addition
Name: DOUGLAS, KIMBERLEY O S
Address: 2605 W ATLANTIC AVE-BLDG B - STE 101-103B
City-St-Zip: DELRAY BEACH, FL 33445

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: D.ANDERSON

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date