

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055704

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: WHITSYMS INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 75-3242060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

## OFFICERS AND DIRECTORS:

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

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

Title: S  
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 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: DONOVAN ANDERSON

P

04/26/2012

Electronic Signature of Signing Officer or Director

Date