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Aug 22, 2008 8:00 am
Secretary of State
07-24-2008 90017 010 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

7/24/2

DOCUMENT # P07000068766

1. Entity Name
CORRECTIONAL NURSE STAFFING, INC.

66016038

Principal Place of Business	Mailing Address
2032 DEL WEBB EAST BLVD. SUN CITY CENTER, FL 33573 US	2032 DEL WEBB EAST BLVD. SUN CITY CENTER, FL 33573 US

07162008 Chg-P CR2E034 (12/00)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0341621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614	Name THE LAW OFFICES OF NICK SPRADLIN, PLLC. Street Address (P.O. Box Number is Not Acceptable) 12000 N. DALE MABRY HWY, SUITE 110 City TAMPA FL Zip Code 33618

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nick Spradlin 7/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUJAWSKI, GAIL L 2032 DEL WEBB EAST BLVD. SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES KUJAWSKI, GAIL L 2032 DEL WEBB EAST BLVD. SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC KUJAWSKI, GAIL L 2032 DEL WEBB EAST BLVD. SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA KUJAWSKI, GAIL L 2032 DEL WEBB EAST BLVD. SUN CITY CENTER, FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Kujawski 7-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #