

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075649

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: PHYSICIANS MANPOWER, INC.

## Current Principal Place of Business:

17981 VIA BELLAMARE LANE  
MIROMAR LAKES, FL 33913 US

## New Principal Place of Business:

## Current Mailing Address:

JEEVES NORTH AMERICA  
16440 MILLSTONE CIR. UNIT 207  
FT. MYERS, FL 33908

## New Mailing Address:

17981 VIA BELLAMARE LANE  
MIROMAR LAKES, FL 33913 US

FEI Number: 26-0466358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NASSIF, JOHN M  
17981 VIA BELLAMARE LANE  
MIROMAR LAKES, FL 33913 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: P  
Name: NASSIF, JOHN M  
Address: 17981 VIA BELLAMARE LANE  
City-St-Zip: MIROMAR LAKES, FL 33913 US

Title: VP  
Name: NASSIF, JOHN M  
Address: 17981 VIA BELLAMARE LANE  
City-St-Zip: MIROMAR LAKES, FL 33913 US

Title: SEC  
Name: NASSIF, JOHN M  
Address: 17981 VIA BELLAMARE LANE  
City-St-Zip: MIROMAR LAKES, FL 33913 US

Title: TREA  
Name: NASSIF, JOHN M  
Address: 17981 VIA BELLAMARE LANE  
City-St-Zip: MIROMAR LAKES, FL 33913 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: JOHN M NASSIF

P

04/16/2010

Electronic Signature of Signing Officer or Director

Date