FILED
May 28, 2008 8:00 am
Secretary of State
05-01-2008 90246 048 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000080260

1. Entity Name
USA MEDICAL STAFFING, INC.

Principal Place of Business	Mailing Address
8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473 US	8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473 US

*66012402

04282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8696 Woodgrove Harbor Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach FL	City & State
Zip: 33473 Country: Palm Beach	Zip Country

4. FEI Number: 26-0556620 ☑ 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
LEBRON, PETER 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473	Name: LEBRON & Associates Inc Street Address (P.O. Box Number is Not Acceptable): 8696 Woodgrove Harbor Lane City: Boynton FL Zip Code: 33473

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: _____ 4-28-2008
(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
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,VP LEBRON, PETER 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,T LEBRON, PETER 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEBRON, PETER 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ 4-28-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #