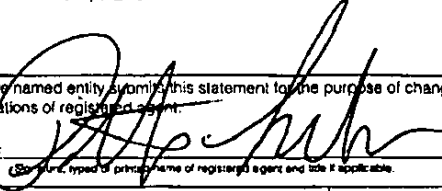
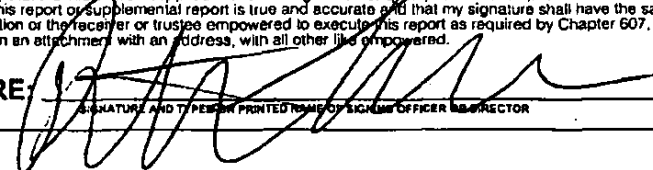


FILED
May 28, 2008 8:00 am
Secretary of State

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 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473 US		Mailing Address 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473 US	
2. Principal Place of Business - No P.O. Box # 8696 Woodgrove Harbor Lane		3. Mailing Address Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State	
Zip 33473		Country	
4. FEI Number 26-0556620		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LEBRON, PETER 8696 WOODGROVE HARBOR LANE BOYNTON BEACH, FL 33473		7. Name and Address of New Registered Agent 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: 		DATE: 4-28-2008	
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
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
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: 		DATE: 4-28-2008	