

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080260

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: USA MEDICAL STAFFING, INC.

## Current Principal Place of Business:

8696 WOODGROVE HARBOR LANE  
BOYNTON BEACH, FL 33473 US

## New Principal Place of Business:

## Current Mailing Address:

8696 WOODGROVE HARBOR LANE  
BOYNTON BEACH, FL 33473 US

## New Mailing Address:

FEI Number: 26-0556620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEBRON & ASSOCIATION INC.  
8696 WOODGROVE HARBOR LANE  
BOYNTON, FL 33473 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,VP ( ) Delete  
Name: LEBRON, PETER  
Address: 8696 WOODGROVE HARBOR LANE  
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: S,T ( ) Delete  
Name: LEBRON, PETER  
Address: 8696 WOODGROVE HARBOR LANE  
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: D ( ) Delete  
Name: LEBRON, PETER  
Address: 8696 WOODGROVE HARBOR LANE  
City-St-Zip: BOYNTON BEACH, FL 33473 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER LEBRON

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date