

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111683

FILED
Mar 02, 2009
Secretary of State

Entity Name: PRIME HEALTH STAFFING SERVICES CORP.

Current Principal Place of Business:

10300 SW SUNSET DR.
275-F
MIAMI, FL 33173

New Principal Place of Business:

7490 SW 23 STREET
202-A
MIAMI, FL 33155

Current Mailing Address:

10300 SW SUNSET DR.
275-F
MIAMI, FL 33173

New Mailing Address:

7490 SW 23 STREET
202-A
MIAMI, FL 33155

FEI Number: 26-1224282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUTIERREZ, FRANCISCO
10300 SW SUNSET DR.
275-F
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

GUTIERREZ, FRANCISCO
7490 SW 23 STREET
202 A
MIAMI, FL 33155 US

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: FRANCISCO J GUTIERREZ

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUTIERREZ, FRANCISCO
Address: 10300 SW SUNSET DR.
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUTIERREZ, FRANCISCO
Address: 7490 SW 23 STREET SUITE 202-A
City-St-Zip: MIAMI, FL 33155

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: FRANCISCO J GUTIERREZ

MR

03/02/2009

Electronic Signature of Signing Officer or Director

Date