

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085248

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FOUR SEASONS MEDICAL STAFFING INC

**Current Principal Place of Business:**

5 INDIGO TERRACE  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

5 INDIGO TERRACE  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 26-3387135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLOSSBERG, BERNARD  
9900 WEST SAMPLE ROAD  
316  
CORAL SPRINGS, FL 33065 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: VP ( ) Delete  
Name: DOUGAN, SEAN M  
Address: 5 INDIGO TERRACE  
City-St-Zip: LAKE WORTH, FL 33460

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CEO ( ) Change (X) Addition  
Name: HUSER, SHAEN E  
Address: 59010 CAPTIVA BAY  
City-St-Zip: BOYNTON BEACH, FL 33436

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: SHAEN HUSER

CEO

04/29/2009

Electronic Signature of Signing Officer or Director

Date