2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091433

Entity Name: SPECIALISTS IN ORTHOPEDIC STAFFING, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	SIDENTIAL CO	URT					
A-4 FORT MYE	RS, FL 33919)					
Current Mailing Address:				New Mailing Address:			
6238 PRESIDENTIAL COURT				6238 PRESIDENTIAL COURT			
4-A FORT MYERS, FL 33919				A-4 FORT MYERS, FL 33919			
FEI Number:	26-3486213	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	f New Registered Agent:	
6238 PRES 4-A	I, GEORGE P BIDENTIAL CC ERS, FL 33919	URT					
The above in the State		submits this statement for the pu	irpose of	f changing it	s registered	d office or registered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Agen	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SHANNON, GEO	NTIAL COURT, SUITE 4-A		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip: Title:	SHANNON, JAN 6238 PRESIDEI FORT MYERS,	NTIAL COURT, SUITE A-4		Title: Name: Address: City-St-Zip: Title:	DUNN, COLL 6238 PRESII FORT MYER	(X) Change () Addition LETTA DENTIAL COURT, SUITE A-4 S, FL 33919 () Change () Addition	
Name: Address: City-St-Zip:	DUNN, COLLET 6238 PRESIDEI FORT MYERS,	NTIAL COURT, SUITE A-4		Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	DUNN, KENNET	NTIAL COURT, SUITE A-4		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SHANNON, J 6238 PRESI	() Change (X) Addition IANET DENTIAL COURT, SUITE A-4 S, FL 33919	

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: COLLETTA DUNN VP 04/09/2009