

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000044434

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** EXPERT MEDICAL STAFFING, INC.

**Current Principal Place of Business:**

8900 SE ROBWN STREET  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH BAYSHORE DRIVE  
SUITE 1425  
MIAMI, FL 33133

**New Mailing Address:**

8900 SE ROBWN STREET  
HOBE SOUND, FL 33455

**FEI Number:** 27-0212830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SISKIND, HARRIS C  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 2200  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MCDOWELL, DEREK A  
Address: 2601 S. BAYSHORE DRIVE, SUITE 1425  
City-St-Zip: MIAMI, FL 33133

Title: P  
Name: IRVINE, DEBORAH F  
Address: 8900 SE ROBWN STREET  
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH IRVINE

P

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date