

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001284

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** PINES HEALTH CARE STAFFING SERVICES INC.

**Current Principal Place of Business:**

6067 HOLLYWOOD BLVD.  
SUITE 300  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

6067 HOLLYWOOD BLVD.  
SUITE 300  
HOLLYWOOD, FL 33024

**New Mailing Address:**

13035 NW 9TH CRT.  
PEMBROKE PINES, FL 33028

**FEI Number:** 27-1579446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GENUS, MICHAEL  
6067 HOLLYWOOD BLVD. SUITE #300  
HOLLYWOOD, FL 33024 US

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

GENUS, MICHAEL  
13035 NW 9TH CRT.  
PEMBROKE PINES, FL 33028 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: MICHAEL GENUS

01/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GENUS, JENNIFER  
Address: 6067 HOLLYWOOD BLVD. #300  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: GENUS, MICHAEL  
Address: 6067 HOLLYWOOD BLVD STE 300  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D  
Name: GENUS, GISELLE  
Address: 6067 HOLLYWOOD BLVD STE 300  
City-St-Zip: HOLLYWOOD, FL 33024

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: MICHAEL GENUS

D

01/08/2011

Electronic Signature of Signing Officer or Director

Date