

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000046147

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** SAND LAKE MEDICAL STAFFING INC.

**Current Principal Place of Business:**

7313 GLADWIN COURT  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

7313 GLADWIN COURT  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 45-2369382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST 4TH FLOOR  
MIAMI, FL 33145 US

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

HARDOON, SCOTT  
7313 GLADWIN COURT  
ORLANDO, FL 32836 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: SCOTT HARDOON

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARDOON, SCOTT  
Address: 7313 GLADWIN COURT  
City-St-Zip: ORLANDO, FL 32836

Title: VPD  
Name: HARDOON, DARLENE  
Address: 7313 GLADWIN COURT  
City-St-Zip: ORLANDO, FL 32836

Title: S  
Name: HARDOON, ABE  
Address: 10040 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: T  
Name: HARDOON, BARBARA  
Address: 10040 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: SCOTT HARDOON

PD

01/06/2012

Electronic Signature of Signing Officer or Director

Date