2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000053008

Entity Name: ASAP MEDICAL STAFFING, INC.

Apr 11, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3900 WOODLAKE BLVD 3900 WOODLAKE BLVD 204

201

GREENACRES, FL 33463 GREENACRES, FL 33463

Current Mailing Address: New Mailing Address:

3900 WOODLAKE BLVD 3900 WOODLAKE BLVD 204

GREENACRES, FL 33463 GREENACRES, FL 33463

FEI Number: 45-2471575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOSEPH, SIAM J P JOSEPH, SIAM J P 3900 WOODLAKE BLVD 3900 WOODLAKE BLVD

SUITE 201 SUITE 204 GREENACRES, FL 33463 US GREENACRES, FL 33463 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: SIAM J. JOSEPH 04/11/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: JOSEPH, SIAM J

3900 WOODLAKE BLVD., SUITE 204 Address:

City-St-Zip: GREENACRES, FL 33463

Title: VΡ

Name: MCINTOSH, CLIVE O 12200 NW 30TH MANOR Address: SUNRISE, FL 33323 City-St-Zip:

Title:

JOSEPH, GLENN C Name:

1850 WOODLAKE BLVD., #101 Address: City-St-Zip: DELRAY BEACH, FL 33445

Title:

JOSEPH, KETURAH T Name: Address: 863 GAZETTA WAY

City-St-Zip: WEST PALM BEACH, FL 33413

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.

Ρ SIGNATURE: SIAM J. JOSEPH 04/11/2012