

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000073446

FILED
Mar 15, 2012
Secretary of State

Entity Name: THERACHOICE STAFFING SERVICES CORP.

Current Principal Place of Business:

10866 NW 84 LANE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

10866 NW 84 LANE
DORAL, FL 33178

New Mailing Address:

FEI Number: 45-3030294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBOSA, CLARIANE M
1470 NW 107 AVE STE E
MIAMI, FL 33172 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: PT
Name: BARBOSA, CLARIANE M
Address: 10866 NW 84 LANE
City-St-Zip: DORAL, FL 33178

Title: VS
Name: MARTINS, MATHEUS H
Address: 10866 NW 84 LANE
City-St-Zip: DORAL, FL 33178

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: CLARIANE BARBOSA

P

03/15/2012

Electronic Signature of Signing Officer or Director

Date