## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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## DOCUMENT # S80061

COMPREHENSIVE MEDICAL STAFFING, INC.



Principal Place of Business

1200 NW 78TH AVENUE.

SUITE 403

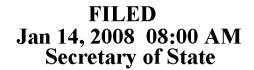
MIAMI, FL 33126

Mailing Address

1200 NW 78TH AVENUE.

SUITE 403

MIAMI, FL 33126





01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0291460

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MUSINO, MARTHA 16782 SW 78TH COURT MIAMI, FL 33157

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| the obligations of registered agent.  SIGNATURE |  | purpose of crisinging its registe                 | indu diffice of registered agont, or t            | oth, with diale of Fonda. Tan familia was, t   | · id accopt     |
|---|--|---|---|--|-----------------|
|   |  | description (AVOTE Description                    | red Agent signature required when reinstating)    | , DATE   |                 |
|   | Signature, typed or printed name of registered agent and title | Trappicable. (NOTE register                       | ued võetil eidustore redatied Apeti (einztstitud) | uoooo785823  | <u> </u>        |
|   | ILE NOW!!! FEE IS \$150.00<br>May 1, 2008 Fee will be \$550.00 | Election Campaign Fina<br>Trust Fund Contribution | · _ +,  | 01/16/08-80030-006   | 158.75          |
| 10.   | OFFICERS AND DIRECTORS   |   |   | the state of the s | इक्षेत्रक्षर्वः |
| TITLE   | D  |   |   | gravitation praticipation in the community of the communi |                 |

#### MUSINO, MARTHA 16782 SW 78 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 OTANO, JOSE A., JR. NAME 16723 SW 78TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE!