2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80061

MIAMI, FL 33157

City-St-Zip:

Entity Name: COMPREHENSIVE MEDICAL STAFFING, INC.

FILED Apr 30, 2009 Secretary of State

| Current P | rincipal Place | of Business: | New Principal Place of I | New Principal Place of Business: | |
|---------------------------------------------|---------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| 1200 NW 3 SUITE 403 MIAMI, FL | | Ē. | 1200 NW 78TH AVENUE SUITE 403 MIAMI, FL 33126 | | |
| Current M | lailing Addres | ss: | New Mailing Address: | New Mailing Address: | |
| 1200 NW 3 SUITE 403 MIAMI, FL | | Ξ. | 1200 NW 78TH AVENUE SUITE 403 MIAMI, FL 33126 | | |
| FEI Number: | : 65-0291460 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address of N | Name and Address of New Registered Agent: | |
| MIAMI, FL The above | 78TH COURT 33157 US anamed entity: | | purpose of changing its registered of | fice or registered agent, or both, | |
| in the State | e of Florida. | | | | |
| SIGNATU | | | | | |
| | Electror | nic Signature of Registered A | gent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () MUSINO, MAR [*] 16782 SW 78 0 MIAMI, FL 331 | CT. | Title: () Name: Address: City-St-Zip: | Change () Addition | |
| Title: Name: Address: | D () OTANO, JOSE 16723 SW 78T | | Title: () Name: Address: | Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTHA MUSINO D 04/30/2009