

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100540

Entity Name: COOPERATIVE CARE STAFFING, INC.

Current Principal Place of Business:

5553 HWY 90 WEST
PACE, FL 32571

Current Mailing Address:

5553 HWY 90 WEST
PACE, FL 32571

FEI Number: 59-3678990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARG, PURUSHOTTAM K
5553 HWY 90 WEST
PACE, FL 32571 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GARG, ANJU
Address 4534 AMBLEWOOD COURT
City-State-Zip: PACE FL 32571

Title DS
Name GARG, PURUSHOTTAM K
Address 4534 AMBLEWOOD COURT
City-State-Zip: PACE FL 32571

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: PURUSHOTTAM K GARG

PRESIDENT

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date