

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000121049

**Entity Name:** ATTE CLINICAL STAFFING, INC.

**Current Principal Place of Business:**

5617 NW 7 ST., STE. 205  
MIAMI, FL 33126

**Current Mailing Address:**

5617 NW 7 ST., STE. 205  
MIAMI, FL 33126

**FEI Number: 86-0004870**

**Certificate of Status Desired: Yes**

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

RAMOS, PAUL M  
5617 NW 7 STREET, STE 205  
MIAMI, FL 33126 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 D  
Name MAYA, RALPH  
Address 7600 RED RD., STE. 214  
City-State-Zip: SOUTH MIAMI FL 33143

Title PD  
Name RAMOS, PAUL M  
Address 9415 SUNSET DR. #195  
City-State-Zip: MIAMI FL 33173

Title SD  
Name CROSS, NICHOLAS  
Address 9800 SW 148TH TERR.  
City-State-Zip: MIAMI FL 33176

Title TD  
Name PUIG, ALELI L  
Address 937-SW 72ND ST., #A-200  
City-State-Zip: MIAMI FL 33173

*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: PAUL RAMOS**

**PRESIDENT**

**01/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date