

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053008

**Entity Name:** ASAP MEDICAL STAFFING, INC.

**Current Principal Place of Business:**

3900 WOODLAKE BLVD  
204  
GREENACRES, FL 33463

**Current Mailing Address:**

3900 WOODLAKE BLVD  
204  
GREENACRES, FL 33463

**FEI Number:** 45-2471575

**Certificate of Status Desired:** No

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

JOSEPH, SIAM JP  
3900 WOODLAKE BLVD  
SUITE 204  
GREENACRES, FL 33463 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 P  
Name JOSEPH, SIAM J  
Address 3900 WOODLAKE BLVD., SUITE 204  
City-State-Zip: GREENACRES FL 33463

Title T  
Name JOSEPH, GLENN C  
Address 1850 WOODLAKE BLVD., #101  
City-State-Zip: DELRAY BEACH FL 33445

Title S  
Name JOSEPH, KETURAH T  
Address 863 GAZETTA WAY  
City-State-Zip: WEST PALM BEACH FL 33413

*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:** KETURAH JOSEPH

**SECRETARY**

**02/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date