

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90269 023 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000071306 ✓

1. Corporation Name  
**ADVANTAGE HEALTHCARE STAFFING, INC**

**PREPRINTED FORM Never Received**

Principal Place of Business Mailing Address  
**2811 NE 164th Street**  
**North Miami Beach, FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**8/12/98**

4. FEI Number  
**65-0861607**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

28 City & State 29 City & State

25 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**Ana Antonio**  
**2811 NE 164th ST.**  
**N. Miami Beach, FL, 33160**

10. Name and Address of New Registered Agent

81 Name **MARK Antonio**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2811 NE 164th Street**

84 City **North Miami Beach FL** 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **MARK ANTONIO, Director** DATE **6/11/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>No Change</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Ana Antonio</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>(ON File)</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>MARK Antonio</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>(ON File)</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Director</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>MARK ANTONIO</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>2811 NE 164th Street</b> <b>North Miami Beach, FL 33160</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARK ANTONIO** DATE **4/28/99** DAYTIME PHONE # **(305) 949-1127**

**MARK ANTONIO, Director** DATE **6/11/99**

CR2E034 (1/199)