

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000037275

**Entity Name:** ABSOLUTE MEDICAL STAFFING OF FLORIDA, INC

**Current Principal Place of Business:**

8158 EMERALD FOREST CT  
SANFORD, FL 32771

**FILED**  
**Sep 09, 2014**  
**Secretary of State**  
**CC8354621018**

**Current Mailing Address:**

PO BOX 470982  
LAKE MONROE, FL 32747

**FEI Number: 46-0973049**

**Certificate of Status Desired: No**

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

LUCAS, HOLLY  
8158 EMERALD FOREST CT  
SANFORD, FL 32771 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            LUCAS, HOLLY  
Address        8158 EMERALD FOREST CT  
City-State-Zip: SANFORD FL 32771

*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: HOLLY LUCAS**

**PRESIDENT**

**09/09/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date