


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000001781</b>	
1. Entity Name I-MEDICAL STAFFING, INC.	

Principal Place of Business 526 E. PARK AVENUE TALLAHASSEE, FL 32301	Mailing Address 3225 SHALLOWFORD ROAD, STE 1130 MARIETTA, GA 30062
--	--

**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3869257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fes Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

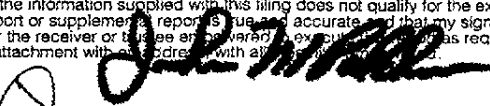
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HUZYAK, KEITH 3225 SHALLOWFORD ROAD, SUITE 1130 MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZPATRICK, PAUL J 3225 SHALLOWFORD ROAD, SUITE 1130 MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALCHER, JOHN M 3225 SHALLOWFORD ROAD, SUITE 1130 MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000113627  
04/15/04-80018-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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 or liquidator or assignee or executor or administrator of the corporation, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all

SIGNATURE:  **JOHN M PALCHER** (770) 874-0662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #