

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51290

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** STAT NURSING SERVICES INTERNATIONAL INC.

**Current Principal Place of Business:**

603 CRACKER BARREL RD  
QUINCY, FL 32351 US

**New Principal Place of Business:**

6282 DENNY LANE  
MABLETON, GA 30126 US

**Current Mailing Address:**

603 CRACKER BARREL RD  
QUINCY, FL 32351 US

**New Mailing Address:**

**FEI Number:** 59-2917453      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SPEIGEL, LAWRENCE J.  
343 ALMERIA AVE  
CORAL GABLES, FL 33134 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: OCEO ( ) Delete  
Name: SIMMONS, DAYMON B  
Address: 5885 COMBELTON ROAD, SUITE 604  
City-St-Zip: ATLANTA, GA

Title: VP ( ) Delete  
Name: UNDERWOOD, RENEE  
Address: 177 WARWICK STREET  
City-St-Zip: DALY CITY, CA

Title: COO ( ) Delete  
Name: JOHNSON, LEON  
Address: ROUTE 3 BOX 3546  
City-St-Zip: QUINCY, FL

Title: SSC ( ) Delete  
Name: WYNN-POSEY, TRACY  
Address: 370 STASHPINE COURT  
City-St-Zip: TALLAHASSEE, FL 32310

Title: SNC ( ) Delete  
Name: JOHNSON, PATRICIA  
Address: 603 CRACKER BARREL RD  
City-St-Zip: QUINCY, FL 32351

Title: AVP ( ) Delete  
Name: BOBB, JAMES C  
Address: 572 SENECA STREET  
City-St-Zip: MERCED, CA 95340

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OCEO (X) Change ( ) Addition  
Name: SIMMONS, DAYMON B  
Address: 6282 DENNY LANE  
City-St-Zip: ATLANTA, GA 30126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES CARL BOBB LLL

AVP

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date