## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L07205

FILED Apr 27, 2009 Secretary of State

Entity Name: ADVANCED MEDICAL PERSONNEL SERVICES, INC.

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
	LE RD, STE G AYTONA, FL (		US			
Current Mailing Address:				New Mailing Address	New Mailing Address:	
	LE RD, STE G AYTONA, FL (		US			
FEI Number:	59-2961282	FEI Nu	mber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent	Registered Agent:	Name and Address of	of New Registered Agent:	
	ODLAND BLV		ORNEYS AT LAW			
	named entity see of Florida.	submits	this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUF						
	Electror	iic Signa	ture of Registered Agen	t	Date	
Election Can	npaign Financing	g Trust Fu	und Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDS ( ) HUFF, BRIDGE 2590 TURNBUL NEW SMYRNA	L BAY RO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	CEO ( ) FUICELLI, JEN	Delete NIFER		Title: Name:	( ) Change ( ) Addition	
Address: City-St-Zip:	1004 CARLYLE DELAND, FL 3			Address: City-St-Zip:		
Address:	DELAND, FL 3	2724 Delete			( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROYAL E LANTZ JR. SECR 04/27/2009