

03/22/2018 10:57
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(FAX)

P.001/003

LO7205

Division of Corporations
Florida Department of State
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From:
Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
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REGISTERED AGENT CHANGE ADVANCED MEDICAL PERSONNEL SERVICES, INC.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED MEDICAL PERSONNEL SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: L07205

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JENNIFER FUICELLI

Name of Contact Person

ADVANCED MEDICAL PERSONNEL SERVICES, INC.

Firm/Company

5535 S. WILLIAMSON BLVD STE 774

Address

PORT ORANGE, FL 32128

City/State and Zip Code

sbrewer@urscompliance.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 567-4397
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2651 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADVANCE MEDICAL PERSONNEL SERVICES, INC.
 2. The principal office address: 5535 S. WILLIAMSON BLVD, STE 774
PORT ORANGE, FL 32128
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/04/1989 Document number: L07205

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BAUER AND ASSOCIATED ATTORNEYS AT LAW
223 S WOODLAND BLVD
DELAND, FL 32721

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC
3458 LAKESHORE DRIVE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32312

FILED
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jennifer Fulcelli
 Signature of an officer or director

Jennifer Fulcelli, CEO/President
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kanetha Bishop
 Signature of Registered Agent

03/21/2018

Date

If signing on behalf of an entity:

Kanetha Bishop, Assistant Secretary
 Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314