



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000086355 1. Entity Name D & L CRITICAL CARE STAFFING, INC.	
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Principal Place of Business 8849 HERSHEY LANE SEMINOLE, FL 33777	Mailing Address 8849 HERSHEY LANE SEMINOLE, FL 33777
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DO NOT WRITE IN THIS SPACE

	
07072004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-3673500	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORADOS, LAURO Q
8849 HERSHEY LANE
SEMINOLE, FL 33777

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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 LAURO Q MORADOS DATE 7/7/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORADOS, LAURO Q 8849 HERSHEY LANE SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEITHAN, DANIEL 923 ALLEGRO LANE APOLLO BEACH, FL 335722731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/09/04-80004-007 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURO Q. MORADOS DATE 07/07/04 (727) 480-6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR