

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021625

FILED
Jul 01, 2004
Secretary of State

Entity Name: PM MEDICAL PERSONNEL SERVICES INC.

Current Principal Place of Business:

4158 5TH AVE NORTH
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

6601 PINELLAS PT. DR., SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

P.O. BOX 15925
ST. PETERSBURG, FL 33733

FEI Number: 59-3702796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TICE INTERNATIONAL BOOKKEEPING/ACCOUNTING
657 59TH AVE SOUTH
SAINT PETERSBURG, FL 33705 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAIDE, ALTERMAE
Address: 2700 69TH AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D () Delete
Name: HARRIS, MARY A
Address: 6601 PINELLAS PT. DR., SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALTERMAE L. BRAIDE

D

07/01/2004

Electronic Signature of Signing Officer or Director

Date