

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000077772

**FILED**  
**Oct 11, 2013**  
**Secretary of State**

**Entity Name:** ADVANTAGE MEDICAL STAFFING OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1236 SOUTH WINTERHAWK DRIVE  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

6975 A1A SOUTH  
SUITE #7  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

P.O. BOX 9005  
ST. AUGUSTINE, FL 32085 US

**New Mailing Address:**

6975 A1A SOUTH  
SUITE #7  
ST. AUGUSTINE, FL 32080 US

FEI Number: 59-3736056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLE, THERESA  
1236 S WINTERHAWK DR  
ST.AUGUSTINE, FL 32086 US

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

COLE, THERESA  
6975 A1A SOUTH  
SUITE #7  
ST.AUGUSTINE, FL 32080 US

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: THERESA COLE

10/11/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLE, THERESA  
Address: 6975 A1A SOUTH, SUITE 7  
City-St-Zip: ST.AUGUSTINE, FL 32080 US

I hereby 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 all other like empowered.

SIGNATURE: THERESA COLE

PRES

10/11/2013

Electronic Signature of Signing Officer or Director

Date