


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

5/

05-14-2003 90142 044 ***150.00

DOCUMENT # P01000077772 (L) 

1. Entity Name
ADVANTAGE MEDICAL STAFFING OF CENTRAL FLORIDA, INC.

35043000



Principal Place of Business
**801 WEST GRANADA
203
ORMOND BEACH FL 32082**

Mailing Address
**801 WEST GRANADA BLVD.
SUITE 203
ORMOND BEACH FL 32174
US**

2. Principal Place of Business
252 GULL CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
252 GULL CIRCLE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PONTEVEDRA FL

City & State
PONTEVEDRA FL

4. FEI Number **59-3736056**

Applied For
 Applied For
 Not Applicable

Zip **32082** Country **ST. JOHN'S**

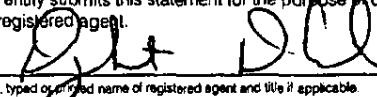
Zip **32082** Country **ST. JOHN'S**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COLE, DWIGHT D
801 WEST GRANADA BLVD.
SUITE 203
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent
Name **DWIGHT COLE**
Street Address (P.O. Box Number is Not Acceptable)
252 GULL CIRCLE
City **PONTEVEDRA FL** Zip Code **32082**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **06/15/03**


FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, DWIGHT D 252 BULL CIRCLE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **SIGNATURE REQUIRED**

DATE **6/18/03** DAYTIME PHONE # **904 823 1458**