2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000058271 **DOCUMENT #**

1. Entity Name



04-28-2003 91504 001 ***150.00

FILED
pr 28, 2003 8:00 am
Secretary of State
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PTS BROCH, ZACHARY	EMERGE	NCY PHYSICIAN PLACEME	NI SERVICES,	INC.							
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City & State City & State City & State City & State Country Country Country Country Country S. Certificate of Status Desired 8. Name and Address of Current Registered Agent Replaced Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL	2. Principal F	Place of Business	3. Mailing Address				; 100;100; (1) 40 1 (0 1(0 1) 00;		,180 (00100 11011 1	4861	
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5. Certificate or Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ooligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ooligations of registered agent and time if applications of registered agent. 8. The above named entity submits the 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 ooligations of registered agent. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ooligations of registered agent. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ooligations of registered agent. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the ooligations of registered agent. 8. The Above its registered agent. 9. Election Campaign Financing	City & State		City & State								
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The obligations of registered agent. Control File					City		****	FL	Zip Code	e	
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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:

WYDRE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #