2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# P02000087796

Entity Name: DATAFORCE MEDICAL STAFFING, INC.

Current Principal Place of Business:

4814 KNIGHTS LOOP
PLANT CITY, FL 33565 US

New Principal Place of Business:

11717 GAIL DRIVE
TAMPA, FL 33617 US

Current Mailing Address:

4535 W. KENNEDY BLVD.
#516
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 73-1654925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQ.
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: BARAN, AMY
Address: 4814 KNIGHTS LOOP
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: BARAN, AMY
Address: 11717 GAIL DRIVE
City-St-Zip: TAMPA, FL 33617

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: AMY BARAN PST 02/17/2004

Electronic Signature of Signing Officer or Director Date