

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90189 035 ***158.75

DOCUMENT # P03000084096

1. Entity Name
NURSE PRO STAFFING, INC.



Principal Place of Business Mailing Address
1002 EAST NEWPORT CENTER DR., STE. 200 **1002 EAST NEWPORT CENTER DR., STE. 200**
DEERFIELD BEACH, FL 33442 **DEERFIELD BEACH, FL 33442**

04003300



2. Principal Place of Business		3. Mailing Address		04202004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For Not Applicable	
City & State		City & State		20-0132499		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DARGAVAGE, IRENE 3681 NW 6TH ST. DEERFIELD BEACH, FL 33442-8068		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00 **After May 1, 2004 Fee will be \$550.00** **9. Election Campaign Financing** **\$5.00 May Be** **Trust Fund Contribution.** ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST YEAGER, TINA 2865 NE 35TH ST. LIGHTHOUSE POINT, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7866 NW 60 LANE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Tina Yeager* **4/26/04** **954/596-4977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #