



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90098 047 \*\*\*150.00

<b>DOCUMENT # P04000069668</b> 1. Entity Name <b>MED-TEK STAFFING &amp; CONSULTING, INC.</b>					
Principal Place of Business <b>820 PICKERINGTON PL OVIEDO, FL 32765</b>			Mailing Address <b>820 PICKERINGTON PL OVIEDO, FL 32765</b>		
2. Principal Place of Business <b>820 Pickerington Pl.</b>		3. Mailing Address <b>820 Pickerington Pl.</b>			
Suite, Apt. #, etc. <b>Q22</b>		Suite, Apt. #, etc. 		04082005    Chg-P    CR2E034 (10/03)	
City & State <b>Oviedo, Florida</b>		City & State <b>Oviedo, FL</b>		4. FEI Number <b>20-1265869</b>	
Zip <b>32765</b>		Country <b>Seminole</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32765</b>		Country <b>Seminole</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STONE, STEPHEN M 725 N MAGNOLIA AVE ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>Chabi R. Pati, Director</b> DATE <b>04/07/2005</b> <small>Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b> <input type="checkbox"/> Delete NAME <b>204 McCarty</b> STREET ADDRESS <b>2705 Aldergate Place</b> CITY-ST-ZIP <b>Casselberry, FL 32707</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>Director, Marketing</b> <input type="checkbox"/> Delete NAME <b>Nick C. Postemski</b> STREET ADDRESS <b>3525 Holt Dr.</b> CITY-ST-ZIP <b>Orlando, FL 32837</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>Director, Human Resources</b> <input type="checkbox"/> Delete NAME <b>Chabi R. Pati</b> STREET ADDRESS <b>820 Pickerington Place</b> CITY-ST-ZIP <b>Oviedo, FL 32765</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <b>Chabi R. Pati</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>04/07/2005</b> Daytime Phone # <b>407-971-2994</b>	