2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2009
Secretary of State

DOCUMENT# P07000125713

Entity Name: AMERICAN MEDICAL PROFESSIONALS PEO, INC

Current Principal Place of Business:

3221 STEVENSON STREET
PLANT CITY, FL 33566 US

New Principal Place of Business:

9340 REDHAWK BEND DRIVE
LAKELAND, FL 33810 US

Current Mailing Address:

3221 STEVENSON STREET
PLANT CITY, FL 33566 US

New Mailing Address:

9340 REDHAWK BEND DRIVE
LAKELAND, FL 33810 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTHONY, SHAR
3221 STEVENSON STREET
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

ANTHONY, SHAR
9340 REDHAWK BEND DRIVE
LAKELAND, FL 33810 US

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: SHAR ANTHONY 07/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MOORE, D
Address: 3221 STEVENSON STREET
City-St-Zip: PLANT CITY, FL 33566 US

Title: P (X) Delete
Name: ANTHONY, SHAR
Address: 3221 STEVENSON STREET
City-St-Zip: PLANT CITY, FL 33566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANTHONY, SHAR
Address: 9340 REDHAWK BEND DRIVE
City-St-Zip: LAKELAND, FL 33810 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHAR ANTHONY P 07/16/2009
Electronic Signature of Signing Officer or Director Date