

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000014156

FILED
Apr 18, 2003
Secretary of State

Entity Name: HEALTHCARE RECRUITERS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

215 LINCOLN AVE S
CLEARWATER, FL 33756 US

Current Mailing Address:

215 LINCOLN AVE S
CLEARWATER, FL 33756 US

New Principal Place of Business:

628 CLEVELAND ST.
#302
CLEARWATER, FL 33755 US

New Mailing Address:

628 CLEVELAND ST.
#302
CLEARWATER, FL 33755 US

FEI Number: 59-3177683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEURY, THOMAS
215 LINCOLN AVE S
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

FLEURY, THOMAS Q
628 CLEVELAND ST.
#302
CLEARWATER, FL 33755 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: THOMAS Q. FLEURY

04/18/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEURY, THOMAS
Address: 215 LINCOLN AVE S
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: FLEURY, REBECCA
Address: 215 LINCOLN AVE S
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLEURY, THOMAS Q
Address: 628 CLEVELAND ST. #302
City-St-Zip: CLEARWATER, FL 33755

Title: D (X) Change () Addition
Name: FLEURY, REBECCA L
Address: 628 CLEVELAND ST. #302
City-St-Zip: CLEARWATER, FL 33755

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: THOMAS Q. FLEURY

MR.

04/18/2003

Electronic Signature of Signing Officer or Director

Date