2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000088334 **DOCUMENT #**



FILED Apr 09, 2003 8:00 am Secretary of State

1. Entity Name ADVANTAGE HEALTHCARE PERSONNEL, INC.							04-09-2003 90	144 021 ***150	0.00
Principal Place of Business 1507 LAKELAND HILLS BLVD. 105 LAKELAND FL 33805 US 2. Principal Place of Business			Mailing Address 1507 LAKELAND HILLS BLVD. 105 LAKELAND FL 33805 US 3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	FEI Number 59-3425834		plied For t Applicable
Zip	-	Country	Zìp	Counti	ry - L es-E-E-	- 3,		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
	, BILL ETA	VIM 2	LEE FLORIDA AUE O		Name JIN S. LEE Street Address (P.O. Box Number is Not Acceptable) 500 S. FLA. AVE. STE 340				
5517 US	PRAY 98 N	. On S.	FLORIDA.	400	Sireer Add	11055 (F.O. 0	FLA AUE	STE 340	, 1
	D FL 33809	57E 34	٥	~~ <u>`</u>				-/6 -/-	
		LAKELAN	A, FL 3380	,	City LA	KELA	ns.	FL Zip Code	3801
	e named entity tions of egist		the purpose of changi	ng its registere	d office or re	gistered aç	gent, or both, in the State of Florida	. I am familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable.	(NOTE: Registered	Agent signature r	required when r	einstating)	4/7/03 DATE	
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				Election Campaign Financ Trust Fund Contribution.		O May Be to Fees
10.		OFFICERS AND D	DIRECTORS	11.		ΙA	L DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
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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.

863-603-9777