

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066242

FILED  
Jan 30, 2004  
Secretary of State

Entity Name: PRIME THERAPY/STAFFING, INC.

## Current Principal Place of Business:

4958 LAUREL GREEN WAY  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

2500 MONUMENT ROAD, SUITE 205  
JACKSONVILLE, FL 32225

## Current Mailing Address:

4958 LAUREL GREEN WAY  
JACKSONVILLE, FL 32225

## New Mailing Address:

2500 MONUMENT ROAD, SUITE 205  
JACKSONVILLE, FL 32225

FEI Number: 59-3461868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAYLOR, THOMAS A  
4958 LAUREL GREEN WAY  
JACKSONVILLE, FL 32225

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TAYLOR, CAROL L  
Address: 4958 LAUREL GREEN WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: TAYLOR, THOMAS  
Address: 4958 LAUREL GREEN WAY  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TAYLOR, THOMAS  
Address: 4958 LAUREL GREEN WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD (X) Change ( ) Addition  
Name: TAYLOR, KELLY  
Address: 4958 LAUREL GREEN WAY  
City-St-Zip: JACKSONVILLE, FL 32225

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 TAYLOR

PRES

01/30/2004

Electronic Signature of Signing Officer or Director

Date