2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092983

331 3RD ST NW

WINTER HAVEN, FL 33881

Address: City-St-Zip:

Entity Name: MEDIFLEX STAFFING SERVICES, INC

FILED Jan 08, 2004 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:	
331 3RD S WINTER H	ST NW HAVEN, FL 33	881		
Current Mailing Address:			New Mailing Address:	
331 3RD S WINTER H	ST NW HAVEN, FL 33	881		
FEI Number	: 59-3541396	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
255 MAGN	HN, RICHARD NOLIA AVENUI HAVEN, FL 33	Ξ		
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Agent			ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (RICHERT, DW 331 3RD ST N WINTER HAVE	V	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (RICHERT, BAR 331 3RD ST N WINTER HAVE	V	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D (TRINKLEIN, ST) Delete EVE	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: BART RICHERT D 01/08/2004