2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000060907

Entity Name: ELITE MEDICAL STAFFING, INC.

LONGWOOD, FL 32779

City-St-Zip:

FILED Apr 10, 2003 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
445 DOUG STE 1105 ALTAMON	BLAS AVE. ITE SPRINGS	, FL 32714	1110 DOUGLAS AVE. STE 1018 ALTAMONTE SPRINGS,		
Current M	lailing Addre	ss:	New Mailing Address:		
445 DOUG STE 1105 ALTAMON	BLAS AVE. ITE SPRINGS	, FL 32714	1110 DOUGLAS AVE. STE 1018 ALTAMONTE SPRINGS,	FL 32714	
FEI Number	: 59-3585945	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:		
108 ALBRI LONGWO The above	SEY, JOHN R IGHTON DR. OD, FL 32779 Inamed entity of Florida.		e purpose of changing its registered c	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (NASTRI, ALICI 108 ALBRIGHT LONGWOOD,	FON DR.	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	VP (HENNESSEY, 108 ALBRIGHT		Title: () Name: Address:) Change ()Addition	

City-St-Zip:

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: JOHN HENNESSEY VP 04/10/2003