

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000077772

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC1872856580**

**Entity Name:** ADVANTAGE MEDICAL STAFFING OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

6975 A1A SOUTH  
SUITE #7  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

6975 A1A SOUTH  
SUITE #7  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 59-3736056**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COLE, THERESA  
6975 A1A SOUTH  
SUITE #7  
ST. AUGUSTINE, FL 32080 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            P  
Name            COLE, THERESA  
Address        6975 A1A SOUTH  
                  SUITE #7  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby 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 all other like empowered.*

**SIGNATURE: THERESA COLE**

**PRESIDENT**

**03/24/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date