

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005025

FILED
May 04, 2004
Secretary of State

Entity Name: ADVANTAGE NURSING SERVICES, INC.

Current Principal Place of Business:

8630 DELMAR BLVD., STE 215
ST LOUIS, MO 63124

New Principal Place of Business:

Current Mailing Address:

8630 DELMAR BLVD., STE 215
ST LOUIS, MO 63124

New Mailing Address:

FEI Number: 37-1401768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHON, BILL
4245 WEST KENNEDY
TAMPA, FL 33609 US

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: MAHON, WILLIAM B
Address: 8630 DELMAR BLVD., STE 215
City-St-Zip: ST LOUIS, MO

Title: VSTD () Delete
Name: MAHON, THEODORE J
Address: 8630 DELMAR BLVD., STE 215
City-St-Zip: ST LOUIS, MO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: WILLIAM B MAHON

PD

05/04/2004

Electronic Signature of Signing Officer or Director

_____ Date