

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K44535**  
 1. Corporation Name  
**MEDICAL STAFFING, INC.**

Principal Place of Business <b>c/o Gerald D. Fritz          719 Fox Valley Drive          Longwood, FL 32779          US</b>	Mailing Address <b>c/o Gerald D. Fritz          P.O. Box 915722          Longwood, FL 32791-5722          US</b>
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2. Principal Place of Business <b>21 719 Fox Valley Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 915722</b> Suite, Apt. #, etc.
22 City & State <b>23 Longwood, FL</b>	27 City & State <b>28 Longwood, FL</b>
24 Zip <b>32779</b> Country <b>US</b>	29 Zip <b>32791-5722</b> Country <b>US</b>

3. Date Incorporated or Qualified <b>11/09/1988</b>	3a. Date of Last Report <b>05/01/96</b>
4. FEI Number <b>59-2916051</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**Fritz, Gerald D.  
 455 Douglas Ave., Suite 1855  
 Altamonte Springs, FL 32714**

**10. Name and Address of New Registered Agent**

81 Name <b>Fritz, Gerald D.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>719 Fox Valley Drive</b>
83
84 City <b>Longwood</b>
85 Zip Code <b>FL 32779</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>Fritz, Gerald D.</b>	
STREET ADDRESS <b>455 Douglas Ave. 1855</b>	
CITY-ST-ZIP <b>Altamonte Springs FL</b>	
TITLE <b>PTS</b>	<input type="checkbox"/> DELETE
NAME <b>Fritz, Gerald D</b>	
STREET ADDRESS <b>455 Douglas Ave. 1855</b>	
CITY-ST-ZIP <b>Altamonte Springs FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Fritz, Gerald D.</b>	
1.3 STREET ADDRESS <b>719 Fox Valley Drive</b>	
1.4 CITY-ST-ZIP <b>Longwood, FL 32779</b>	
2.1 TITLE <b>PTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Fritz, Gerald D.</b>	
2.3 STREET ADDRESS <b>719 Fox Valley Dr.</b>	
2.4 CITY-ST-ZIP <b>Longwood, FL 32779</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS <b>500002160935</b>	
5.4 CITY-ST-ZIP <b>-05/01/97--01002--030</b>	
6.1 TITLE <b>***165.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, \_\_\_\_\_, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Gerald D. Fritz *Gerald D. Fritz* **4/23/97** **407-869-5869**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)