2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000113537 **DOCUMENT #**

1. Entity Name



FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90089 016 ***150.00

MEDICAL PERSONNEL SOLUTIONS, INC. II						
6723 PLANTATION RD. 67		Mailing Address 6723 PLANTATION RD. PENSACOLA FL 32504			-	
2. Principal Place of Business 3. Maili.		3. Mailing Address	15698	 	71000 F1101 M1100 1111 1011 1011	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		Pensacola, FL		4. FEI Number 26-0050708	Applied For Not Applicable	
Zip	Country _ ~.	zip32514	Country USA	5. Certificate of Status Desired	\$8.75 Additional- Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	ame		
LANDRUM, H. BRITT JR.			Street Address (Street Address (P.O. Box Number is Not Acceptable)		
6723 PLANTATION RD.						
PENSACOLA FL 32504						
			City	FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	D D	☐ Delete	TITLE PD			
NAME STREET ADDRESS	Landrum, H. Britt Jr. 6723 Plantation Rd.		NAME		(10)	
CITY-ST-ZIP	PENSACOLA FL 32504		STREET ADDRESS CITY-ST-ZIP		Change Addition (20)	
TITLE	D	□ Delete	TITLE ST		Change Addition	
NAME	LANDRUM, ELIZABETH MD	. Delete		drum, Elizabert	A change D vocition 2	
STREET ADDRESS	6723 PLANTATION RD.		STREET ADDRESS	and , Ellewerr	110.	
CITY-ST-ZIP	PENSACOLA FL 32504	<u> </u>	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE VICE	- president	☐ Change X Addition	
NAME STREET ADDRESS			NAME PEY K	uns, Michael A		
CITY-ST-ZIP			CITY-ST-ZIP	ins Michael A 3 Plantation Road		
TITLE		□ Delete	TITLE Pen	sacola Fe 32504	☐ Change ☐ Addition	

I hereby 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 report or supplemental 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

Change

Change

☐ Change

☐ Addition

Addition

☐ Addition