2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90369 046 ***150.00

DOCUMENT # P99000002218

1. Entity Name
QUALIFIED HEALTHCARE STAFFING, INC.

Principal Place of Business	Mailing Address
633 NE 167TH STREET #1201 NORTH MIAMI BEACH FL 33162	633 NE 167TH STREET #1201 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
633 NE 167th Street	P.O. Box 640950
Suite, Apt. #, etc.: 925	Suite, Apt. #, etc.
City & State: North Miami Bch., FL	City & State: N. M. B, FL
Zip: 33162 Country: USA	Zip: 33164-0950 Country: USA

4. FEI Number: 65-0887626 ☐ Applied For ☐ Not Applicable

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
MCLEAN, AUDREYA 6770 INDIAN CREEK #7P MIAMI BEACH FL 33141	Name: Audreya McLean Street Address (P.O. Box Number is Not Acceptable): 5243 Alton Road ~~Miami Beach,~~ City: Miami Beach FL Zip Code: 33141

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCLEAN, AUDREYA 6770 INDIAN CREEK #7P MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCLEAN, CLAUDIA 6770 INDIAN CREEK #7P MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCLEAN, DIANA 6770 INDIAN CREEK #7P MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCLEAN, LISIA 6770 INDIAN CREEK #7P MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/21/02 305-652-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #