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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:36

DOCUMENT # 708836 (2)

1. Corporation Name
ATTENDING STAFF FOUNDATION, INC.

Principal Place of Business	Mailing Address
580 W 8TH ST STE 702 JACKSONVILLE FL 32209 US	580 W 8TH ST STE 702 JACKSONVILLE FL 32209 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1965
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6169725 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 655 W. 8th Street	26 P.O. Box 43381 (Address Optional)
22 Jacksonville, FL	27
23 Jacksonville, FL	28 Jacksonville, FL
24 Zip 32209 — 25 Country	29 Zip 32203 — 30 Country

9. Name and Address of Current Registered Agent

ALFORD, SAMUEL J. JR. M.D.
6242 PARK ST
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: MacMath, Terry L.
82 Street Address (P.O. Box Number is Not Acceptable): 655 W. 8th Street
83
84 City: Jacksonville — FL — 85 Zip Code: 32209

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 X Samuel J. Alford Jr. M.D. #101 Terry L. MacMath, M.D. 8 Feb 95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ALFORD, SAMUEL J.,JR.	1.2 NAME	Alford, Samuel J., Jr.
STREET ADDRESS	580 W 8TH ST, #702	1.3 STREET ADDRESS	"Deceased"
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	VAN CLEVE, ROBERT	2.2 NAME	Stephens, Ronald J.
STREET ADDRESS	2005 RIVERSIDE AVE.	2.3 STREET ADDRESS	3160 W. Edgewood Ave.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MACMATH, TERRY L.	3.2 NAME	
STREET ADDRESS	655 W. 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry L. MacMath M.D. #101 Terry L. MacMath, M.D. 8 Feb 95 (904) 549-4046
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Telephone Number

0001601