FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 708836 (2)

1. Corporation Name

ATTENDING STAFF FOUNDATION, INC.

Principal Place of Business	Mailing Address
655 W 8TH ST STE 702 JACKSONVILLE FL 32209 US	P O BOX 43381 STE 702 JACKSONVILLE FL 32209 US

3. Date Incorporated or Qualified: 04/22/1965
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business
21: 655 W 8TH ST
Suite, Apt. #, etc. 22:
City & State 23: JACKSONVILLE FL
Zip 24: 32203 Country 25:

2a. Mailing Address
26: P O BOX 43381
Suite, Apt. #, etc. 27:
City & State 28: JACKSONVILLE FL
Zip 29: 32203 Country 30: DUVAL

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCA MATL, TERRY L
655 W 8TH ST
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name: TERRY L. MACMATH, M.D.
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	STEOGEBSM RIBAKD H		12 NAME	RONALD J. STEPHENS, M.D.	
STREET ADDRESS	3160 W EDGEWOOOD AVE		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	VAN CLEVE, ROBERT		22 NAME		
STREET ADDRESS	2005 RIVERSIDE AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MACMATH, TERRY L.		32 NAME		
STREET ADDRESS	655 W. 8TH STREET		33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 MD — 1/18/96 — (904) 549-4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TERRY L. MACMATH, M.D., PRESIDENT — 1/18/96 — (904) 549-4046