2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
01-31-2001 90094 043 ****61.25

DOCUMENT # 708836

1. Entity Name

ATTENDING STAFF FOUNDATION, INC.

Principal Place of Business	Mailing Address
655 W 8TH ST JACKSONVILLE FL 32203 US	P O BOX 43381 JACKSONVILLE FLA 32203 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6169725 ☐ 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
CORNIN, JAMES H MD 592 ALHAMBRA LN PONTE VEDRA FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE J.H. Corwin MD J. H. CORWIN MD 1/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN CLEVE, ROBERT 2005 RIVERSIDE AVE. JACKSONVILLE FL	☐ Delete	TITLE D NAME MALCOLM FOSTER MD STREET ADDRESS 655 W. 8TH ST CITY-ST-ZIP JACKSONVILLE FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACMATH, TERRY L 655 W. 8TH STREET JACKSONVILLE FL	☒ Delete	TITLE D NAME JEFF LUDWIG ESQ STREET ADDRESS ~~PO~~ SU 200 6620 SOUTPOINT CITY-ST-ZIP JACKSONVILLE FL 32216	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORWIN, JAMES H 592 ALHAMBRA LN PONTE VEDRA FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	G.S. TROTTER MD 2023 MYRA ST JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	LINDA R. EDWARDS MD 655 W. 8TH ST DEPT MED JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, 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.

SIGNATURE: J.H. Corwin MD USAF J.N. CORWIN MD 1/24/01 904-285-0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #