

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 MAR 17 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708836

1. Entity Name
ATTENDING STAFF FOUNDATION, INC.



Principal Place of Business
655 W 8TH ST
DEPT SURG.
JACKSONVILLE, FL 32209 US

Mailing Address
J.H. CORWIN M.D.
DEPT SURG. 655W 8TH ST
JACKSONVILLE, FL 32209 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6169725

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORWIN, J H MD
655 W 8TH ST
DEPT SURG
JACKSONVILLE, FL 32209

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. 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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MD ☐ Delete
NAME VAN CLEVE, ROBERT
STREET ADDRESS 2005 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME FOSTER, MALCOLM
STREET ADDRESS 655 WEST 82TH STREET
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME CORWIN, JAMES H
STREET ADDRESS DPET SURG 655 W 8TH ST
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE E ☐ Delete
NAME LUDWING ESQ, JEFF L
STREET ADDRESS SOUTHPOINT 200
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME TROTTER, GS
STREET ADDRESS 2023 MYRA 5ST
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME EDWARDS, LINDA R
STREET ADDRESS 655 WEST 8THS DEPT MED
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. H. CORWIN MD

3/8/05

904-244-3940