

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 040 ****61.25

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**

50010861



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006 Chg-NP CR2E037 (11/05)

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

**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, 2006**

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 **VP** ☐ 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 **S** ☐ 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 **T** ☐ 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 **P** ☐ 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 exemptions contained in Chapter 119, 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 **J.H. CORWIN M.D.** **4-10-06: 904-241-4750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #