

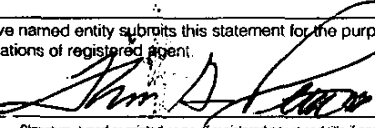
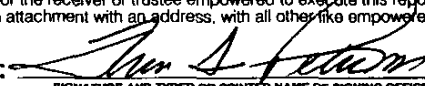
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90036 006 ****61.25

50000671



DOCUMENT # 708836			
1. Entity Name ATTENDING STAFF FOUNDATION, INC.			
Principal Place of Business 580 W. 8TH ST SUITE 8000 JACKSONVILLE, FL 32209 US		Mailing Address 580 W. 8TH ST SUITE 8000 JACKSONVILLE, FL 32209 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03142008		Chg-NP CR2E037 (12/06)	
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	
PETERS, MD, THOMAS G 580 W. 8TH ST SUITE 8000 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 		DATE 17 MAR 08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D VAN CLEVE, MD, ROBERT 2005 RIVERSIDE AVE. JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAGASURA REINSTINE HAAAY 3520 RICHMOND ST JACKSONVILLE, FL 32205 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, MALCOLM 655 WEST 82TH STREET JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FERGUSON, JR, EMMET F. 1515 MAY ST JACKSONVILLE, FL 32204 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORWIN, JAMES H DPET SURG 655 W 8TH ST JACKSONVILLE, FL 32209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PHELAN, TIMOTHY M 2525 RIVERSIDE AVE JACKSONVILLE, FL 32204 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E LUDVIG, ESQ, JEFF L SOUTHPOINT 200 JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PETERS, MD, THOMAS G 580 W 8TH ST, SUITE 8000 JACKSONVILLE, FL 32209 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROTTER, GS 2023 MYRA 5ST JACKSONVILLE, FL 32204 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, LINDA R 655 WEST 8THS DEPT MED JACKSONVILLE, FL 32209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 17 MAR 08 Daytime Phone # 904 244 7100	