2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# 708836

Entity Name: ATTENDING STAFF FOUNDATION, INC.

Current Principal Place of Business:

580 W. 8TH ST
SUITE 8000
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

580 W. 8TH ST
SUITE 8000
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-6169725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERS, MD, THOMAS E
580 W. 8TH ST
SUITE 8000
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

PETERS, MD, THOMAS G
580 W. 8TH ST
SUITE 8000
JACKSONVILLE, FL 32209 US

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: THOMAS G PETERS 06/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VAN CLEVE, MD, ROBERT
Address: 2005 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: FOSTER, MALCOLM
Address: 655 WEST 82TH STREET
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: CORWIN, JAMES H
Address: DPET SURG 655 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: E ( ) Delete
Name: LUDIVIG, ESQ, JEFF L
Address: SOUTHPOINT 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: TROTTER, GS
Address: 2023 MYRA 5ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: EDWARDS, LINDA R
Address: 655 WEST 8THS DEPT MED
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G PETERS PRES 06/24/2009
Electronic Signature of Signing Officer or Director Date