

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005031

1. Entity Name
SUPERIOR HEALTHCARE STAFFING, INC.

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90184 029 ***550.00

A0074523



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7299 WEST 98TH TERRACE, SUITE 130 OVERLAND PARK KS 66212		Mailing Address 7299 WEST 98TH TERRACE, SUITE 130 OVERLAND PARK KS 66212	
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 43-1634590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAWSON, JEFF 7765 BASS RIDGE TRAIL TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DOBLER, JOY 7299 WEST 98TH TERRACE, SUITE 130 OVERLAND PARK KS 66212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Conrad J. Dobler Date: 6/15/01 Daytime Phone #: 913-383-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Form 7004

(Rev. October 2000)

Department of the Treasury
Internal Revenue ServiceAttachment Doc. # F00000005031
Application for Automatic Extension of Time
To File Corporation Income Tax Return
A0074523
OMB No. 1545-0233

Name of corporation

SUPERIOR HEALTHCARE STAFFING, INC.

Employer identification no.

43-1634590

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

7299 W 98TH TERR, SUITE 130

City or town, state, and ZIP code

OVERLAND PARK, KS 66212

Check type of return to be filed:

☐ Form 990-C
☐ Form 1120
☐ Form 1120-A
☐ Form 1120-F☐ Form 1120-FSC
☐ Form 1120-H
☐ Form 1120-L
☐ Form 1120-ND☐ Form 1120-PC
☐ Form 1120-POL
☐ Form 1120-REIT
☐ Form 1120-RIC☒ Form 1120S
☐ Form 1120-SF

- Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States. ☐

1 Request for Automatic Extension (see instructions)**a Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of timeuntil September 15, 2001, to file the income tax return of the corporation named above for. ☒ calendar year 20 00 or ☐ tax year beginning _____, _____, and ending _____, 20 _____**b Short tax year.** If this tax year is for less than 12 months, check reason:☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed**2 Affiliated group members** (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification no.	Tax period

3 Tentative tax (see instructions)

3

4 Payments and refundable credits: (see instructions)**a Overpayment credited from prior year**

4a

b Estimated tax payments for the tax year

4b

c Less refund for the tax year applied

for on Form 4466

4c

Bal

4d

e Credit for tax paid on undistributed capital gains (Form 2439)

4e

f Credit for Federal tax on fuels (Form 4136)

4f

5 Total. Add lines 4d through 4f (see instructions)

5

6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal

Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)

6

0.

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

Signature of officer or agent

CFA
(Title)3-15-01
(Date)

For Paperwork Reduction Act Notice, see instructions.

Form 7004 (Rev. 10-2000)