

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90278 018 \*\*\*150.00

**DOCUMENT # F01000005781**

1. Entity Name

**NEW BOSTON MEDICAL STAFFING, INC.**

Principal Place of Business

**60 HARVARD MILL SQUARE  
WAKEFIELD MA 01880-3208**

Mailing Address

**60 HARVARD MILL SQUARE  
WAKEFIELD MA 01880-3208**

2. Principal Place of Business

**11400 N. Kendall Dr, Ste 214**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State,

**Miami, FL**

City & State

Zip

Country

Zip **33176**

Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LENTO, NICHOLAS J</b>	
STREET ADDRESS	<b>60 HARVARD MILL SQUARE</b>	
CITY-ST-ZIP	<b>WAKEFIELD MA 01880-3208</b>	
TITLE	<b>TDCK</b>	<input type="checkbox"/> Delete
NAME	<b>FUCCILLO, RONALD</b>	
STREET ADDRESS	<b>60 HARVARD MILL SQUARE</b>	
CITY-ST-ZIP	<b>WAKEFIELD MA 01880-3208</b>	
TITLE	<b>ASCK</b>	<input type="checkbox"/> Delete
NAME	<b>SHEETZ, MICHAEL N</b>	
STREET ADDRESS	<b>225 FRANKLIN STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02110</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Strong, Joseph L.</b>	
STREET ADDRESS	<b>60 Harvard Mill Square</b>	
CITY-ST-ZIP	<b>Wakefield, MA 01880</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02**

Date

**(781) 213-1500**

Daytime Phone #

CR2E034 (9/01)