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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001355 ✓

1. Corporation Name

STARMED HEALTH PERSONNEL INC.

Principal Place of Business

 28100 U.S. HIGHWAY 19 N
 SUITE 306
 CLEARWATER FL 33761

Mailing Address

 % MEDICAL RESOURCES, INC.
 155 STATE STREET
 HACKENSACK NJ 07601


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3297579	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			
Country		Country			
25		30			
33761		USA			

9. Name and Address of Current Registered Agent

~~MIKKELSEN, GREGORY~~
 28100 U.S. HIGHWAY 19 N
 SUITE 306
 CLEARWATER FL 33761

10. Name and Address of New Registered Agent

 81 Name THOMAS LONG
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of holder or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MIKKELSEN, GREGORY	1.2 NAME	Maurice Arbelaez
STREET ADDRESS	28100 U.S. HIGHWAY 19 N	1.3 STREET ADDRESS	900 Chelmsford St. Suite 208
CITY-ST-ZIP	CLEARWATER FL 33761	1.4 CITY-ST-ZIP	Lowell MA 01851
TITLE	SVD	2.1 TITLE	VP
NAME	WHYNOT, GEOFFREY A	2.2 NAME	John R. Finkenkeller
STREET ADDRESS	155 STATE STREET	2.3 STREET ADDRESS	900 Chelmsford St. Suite 208
CITY-ST-ZIP	HACKENSACK NJ 07601	2.4 CITY-ST-ZIP	Lowell MA 01851
TITLE		3.1 TITLE	T
NAME		3.2 NAME	Paul D. Ranelli
STREET ADDRESS		3.3 STREET ADDRESS	900 Chelmsford St. Suite 208
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lowell MA 01851
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	Thomas Long
STREET ADDRESS		4.3 STREET ADDRESS	28100 US 19 N Suite 306
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater FL 33761
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

(727) 796-8881

CD2EN24 / 11/001