

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 28100 US 19 N

27 Suite, Apt. #, etc.

28 306

29 City & State

30 Clearwater FL

31 Zip

32 33761

33 Country

34 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

59-3297579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

83

84 City

Plantation

FL

85 Zip Code

33324

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

PETER F. SOUZA

9/10/99

(NOTE: Registered agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE P ☒ DELETE

NAME MIKKELSEN, GREGORY
STREET ADDRESS 28100 U.S. HIGHWAY 19 N
CITY-ST-ZIP CLEARWATER FL 33761

13. TITLE SVD ☒ DELETE

NAME WHYNOT, GEOFFREY A
STREET ADDRESS 155 STATE STREET
CITY-ST-ZIP HACKENSACK NJ 07601

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President

Maurice Arbaleaz

900 Chelmsford St. Ste. 208

Lowell MA 01851

Exec. V.P.

Thomas Long

28100 US 19 N Suite 306

Clearwater FL 33761

Treasurer

Paul Ranelli

900 Chelmsford St. Ste 208

Lowell MA 01851

Secretary

John Finkenkel

7733 Forsythe Blvd. Ste. 1700

St. Louis MO 63105

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Long 9-7-99 (727) 796-8881

Date

Daytime Phone #

0122964

CR2E034 (5/99)

FILED

99 SEP 13 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE