

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90210 016 ***300.00

DOCUMENT # F98000001499

1. Corporation Name

MEDICAL STAFFING NETWORK, INC.



Principal Place of Business

2124 W. KENNEDY BLVD., STE. C
TAMPA FL 33606

Mailing Address

2124 W. KENNEDY BLVD., STE. C
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

59-3489868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☐ No

2. Principal Place of Business

21 3111 N. UNIVERSITY DR.
Suite, Apt. #, etc. 406

2a. Mailing Address

26 SAME AS #2
Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS, FL

City & State

28

Zip

24 33065

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NEUKAMM, JOHN
100 N. TAMPA ST., STE. 1900
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Kevin Little

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

3111 N. UNIVERSITY DR #406

83

84 City

Coral Springs

FL

85 Zip Code

33065

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ADAMSON, ROBERT
STREET ADDRESS 2124 W. KENNEDY BLVD., STE. C
CITY-STATE-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME LITTLE, KEVIN S
STREET ADDRESS 2124 W. KENNEDY BLVD., STE. C
CITY-STATE-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME DONOHUE, PATRICIA
STREET ADDRESS 2124 W. KENNEDY BLVD., STE. C
CITY-STATE-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME ALBERT, EDWARD
STREET ADDRESS 2124 W. KENNEDY BLVD., STE. C
CITY-STATE-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3111 N. UNIVERSITY DRIVE #406
1.4 CITY-STATE-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3111 N. UNIVERSITY DRIVE #406
2.4 CITY-STATE-ZIP CORAL SPRINGS, FL 33065

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3111 N. UNIVERSITY DRIVE #406
3.4 CITY-STATE-ZIP CORAL SPRINGS, FL 33065

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 3111 N. UNIVERSITY DRIVE #406
4.4 CITY-STATE-ZIP CORAL SPRINGS, FL 33065

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME GORMAN, MICHAEL
5.3 STREET ADDRESS 3111 N. UNIVERSITY DRIVE #406
5.4 CITY-STATE-ZIP CORAL SPRINGS, FL 33065

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME HILINSKI, SCOTT F.
6.3 STREET ADDRESS 3111 N. UNIVERSITY DRIVE #406
6.4 CITY-STATE-ZIP CORAL SPRINGS, FL 33065

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(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

KEVIN LITTLE 4-23-99 954-757-5656

Date

Daytime Phone #

CR2E034 (1/98)