

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harri**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90031 047 \*\*\*150.00

**DOCUMENT #** K51290

1. Corporation Name

STAT Nursing Services International Inc.

Principal Place of Business

Route 3 Box 3546  
Quincy, Florida 32351

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1988

4. FEI Number

59-2917453

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Daymon B. Simmons  
Route 3 Box 3546  
Quincy, Florida

81 Name

DAYMON B. SIMMONS

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

SAME

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CEO  
Daymon B. Simmons

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME Executive V.P./CFO  
Patricia Johnson

STREET ADDRESS

CITY-ST-ZIP Route 3 Box 3546  
Quincy, Fl. 32351

TITLE ☐ DELETE

NAME Senior Vice President  
Leon Johnson

STREET ADDRESS

CITY-ST-ZIP Route 3 Box 3546 Quincy, Fl.

TITLE ☐ DELETE

NAME Senior V.P.  
Nicole Hargraves

STREET ADDRESS

CITY-ST-ZIP 2011 Magnolia Dr. #V204  
Tallahassee, Florida 32301

TITLE ☐ DELETE

NAME Senior V.P.  
Renee Underwood

STREET ADDRESS

CITY-ST-ZIP 177 Warwick Street  
Daly City, Ca.

TITLE ☐ DELETE

NAME Senior V. P.  
Phil Bobb

STREET ADDRESS

CITY-ST-ZIP 19834 River Rock Dr.  
Katy, Texas 77449

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Senior V.P.  
Erma Bob

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Vice President  
James Carl Bob II

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Chairman of the Board

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Secretary/Treasurer  
Mary Lee Bob

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 #

CR2E034 (11/98)