

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90043 049 ***150.00

DOCUMENT # K51290

1. Entity Name
STAT NURSING SERVICES INTERNATIONAL INC.



Principal Place of Business
**603 CRACKER BARREL RD
QUINCY FL 32351
US**

Mailing Address
**603 CRACKER BARREL RD
QUINCY FL 32351
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2917453**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPEIGEL, LAWRENCE J.
343 ALMERIA AVE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **OCEO / owner** ☐ Delete
NAME **SIMMONS, DAYMON B**
STREET ADDRESS **5885 CAMPBELLTON ROAD, SUITE 604**
CITY-ST-ZIP **ATLANTA GA**

TITLE **V** ☐ Delete
NAME **UNDERWOOD, RENEE**
STREET ADDRESS **177 WARWICK STREET**
CITY-ST-ZIP **DALY CITY CA**

TITLE **COO / owner** ☐ Delete
NAME **JOHNSON, LEON**
STREET ADDRESS **ROUTE 3 BOX 3546**
CITY-ST-ZIP **QUINCY FL**

TITLE **SSC** ☐ Delete
NAME **WYNN-PASEY, TRACY**
STREET ADDRESS **370 SLASH PINE COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **SNC / owner** ☐ Delete
NAME **JOHNSON, PATRICIA**
STREET ADDRESS **603 CRACKER BARREL RD**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **AVP** ☐ Delete
NAME **BOBB, JAMES C**
STREET ADDRESS **572 SENECA STREET**
CITY-ST-ZIP **MERCED CA 95340**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **CLINICAL CONSULTANT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Tracy Wynn-Posey** ☒ Change ☐ Addition
NAME **370 SLASH PINE COURT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Volunteer nurse consultant** ☐ Change ☐ Addition
NAME **owner**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 (850)

Date

Daytime Phone #

CR2B34 (10/02)