

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95641

1. Entity Name

SUWANNEE VALLEY MEDICAL PERSONNEL CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90098 004 ***150.00

Principal Place of Business	Mailing Address
W MAIN ST O BOX 567 BUTLER FL 32054	P O BOX 567 P O BOX 567 LAKE BUTLER FL 32054-0567 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2933712	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORTNER, GEORGE S RT 2, BOX 287 LAKE BUTLER FL 32054	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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	-------------------------------------------------------------------------------	--------------------------------------------------------------	------

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																												
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FORTNER, CHRISTOPHER R.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>10574 OTTER CREEK DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE FL</td><td></td></tr><tr><td>TITLE</td><td>V</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FORTNER, ELIZABETH A.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>RT. 2 BOX 287</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE BUTLER FL</td><td></td></tr><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FORTNER, GEORGE S</td><td></td></tr><tr><td>STREET ADDRESS</td><td>RT 2, BOX 287</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE BUTLER FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	FORTNER, CHRISTOPHER R.		STREET ADDRESS	10574 OTTER CREEK DR		CITY-ST-ZIP	JACKSONVILLE FL		TITLE	V	<input type="checkbox"/> Delete	NAME	FORTNER, ELIZABETH A.		STREET ADDRESS	RT. 2 BOX 287		CITY-ST-ZIP	LAKE BUTLER FL		TITLE	ST	<input type="checkbox"/> Delete	NAME	FORTNER, GEORGE S		STREET ADDRESS	RT 2, BOX 287		CITY-ST-ZIP	LAKE BUTLER FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																											
NAME	FORTNER, CHRISTOPHER R.																																																																																																												
STREET ADDRESS	10574 OTTER CREEK DR																																																																																																												
CITY-ST-ZIP	JACKSONVILLE FL																																																																																																												
TITLE	V	<input type="checkbox"/> Delete																																																																																																											
NAME	FORTNER, ELIZABETH A.																																																																																																												
STREET ADDRESS	RT. 2 BOX 287																																																																																																												
CITY-ST-ZIP	LAKE BUTLER FL																																																																																																												
TITLE	ST	<input type="checkbox"/> Delete																																																																																																											
NAME	FORTNER, GEORGE S																																																																																																												
STREET ADDRESS	RT 2, BOX 287																																																																																																												
CITY-ST-ZIP	LAKE BUTLER FL																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:		4-20-00	904-496-3034
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)