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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-03/20/00--01095--003
*****87.50 *****87.50

SUBJECT: Anytime Medical Staffing Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Monica Sneed Cunningham
Name (Printed or typed)

790 16th Avenue South
Address

St. Petersburg FL 33701
City, State & Zip

(727) 894-0059
Daytime Telephone number

FILED
00 MAR 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T BROWN MAR 27 2000

~~W00-80173~~

FILED
00 MAR 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Anytime Medical Staffing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 300 31st NORTH
SUITE 225
St. Petersburg FL 33713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Staffing

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): Monica Cunningham 790 16th AVE St. Petersburg FL 33707
Owner - Fannie Mae Sneed 2314 41st St. So St. Petersburg FL 33711
Secretary - Gwen Simons 601 Myrtle Way So St. Petersburg FL 33705
Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Monica Cunningham 790 16th AVE St. Petersburg FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Monica Cunningham 790 16th AVE St. Petersburg FL 33707

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Monica Cunningham
Signature/Registered Agent

3/17/00
Date

Monica Cunningham
Signature/Incorporator

3/17/00
Date