

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000067870**1. Entity Name
NURSE STAFFING, INC. OF ST. LOUIS

Principal Place of Business

933 LEE RD, SUITE 325

ORLANDO
32810

FL

Mailing Address

933 LEE RD, SUITE 325

ORLANDO
32810

FL

2. Principal Place of Business

933 LEE RD

3. Mailing Address

933 LEE RD

Suite, Apt. #, etc.
SUITE 325Suite, Apt. #, etc.
SUITE 325City & State
ORLANDO

FL

City & State
ORLANDO

FL

Zip
32810

Country

Zip
32810

Country

4. FEI Number

59-3657667

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRISTELLO FELIX
933 LEE RD, SUITE 325ORLANDO
32810

FL

7. Name and Address of New Registered Agent

Name

CRISTELLO FELIX

Street Address (P.O. Box Number is Not Acceptable)
641 PARK VALLEY CIRCLECity
CLERMONT

FL

Zip Code
34711

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)

04/27/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME VST
STREET ADDRESS CRISTELLO FELIX
CITY-ST-ZIP 933 LEE RD, SUITE 325
ORLANDO FL 32810 ☐ DeleteTITLE
NAME P
STREET ADDRESS GRISSOM ALLEN C
CITY-ST-ZIP 933 LEE RD, SUITE 325
ORLANDO FL 32810 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DPST
STREET ADDRESS CRISTELLO FELIX
CITY-ST-ZIP 641 PARK VALLEY CIRCLE
CLERMONT FL 34711 ☒ Change ☐ AdditionTITLE
NAME DV
STREET ADDRESS GRISSOM ALLEN C
CITY-ST-ZIP 345 BAYSHORE BLVD, #1009
TAMPA FL 33606 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: FELIX CRISTELLO

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)