

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 91417 013 ***150.00

DOCUMENT # P01000021625

1. Entity Name

PM MEDICAL PERSONNEL SERVICES INC.



Principal Place of Business
6601 PINELLAS PT. DR., SOUTH
ST. PETERSBURG FL 33712

Mailing Address
6601 PINELLAS PT. DR., SOUTH
ST. PETERSBURG FL 33712

55047675

2. Principal Place of Business

4158-5th Ave. North

Suite, Apt. #, etc.

4158-5th Ave. North

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

ST. PETERSBURG

City & State

Zip

33713

Country

Zip

Country

4. FEI Number

59-3702796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, DONALD R

3606 CENTRAL AVE.

SUITE A

SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Tice International Bookkeeping/Accounting

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

657 5th Ave. South

City *St. Petersburg*

FL

Zip Code

33705

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 *Donald E. Tice*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

6-2-03

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 **D** ☐ Delete
NAME **BRAIDE, ALTERMAE**
STREET ADDRESS **2700 69TH AVE. SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Delete
NAME **HARRIS, MARY A**
STREET ADDRESS **6601 PINELLAS PT. DR., SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME *MARY A. HARRIS*
STREET ADDRESS *6601 Pinellas Pt. Dr. South*
CITY-ST-ZIP *St. Petersburg FL 33712*

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Donald E. Tice **Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03 727-323-7034

Date

Daytime Phone #

CR2E034 (10/02)