

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90367 027 ***150.00

DOCUMENT # P01000073067

1. Entity Name
FIRST CALL NURSE STAFFING, INC.

Principal Place of Business
1470 SEABAY ROAD
WESTON FL 33326

Mailing Address
1470 SEABAY ROAD
WESTON FL 33326

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

65-1133427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL INFORMATION SERVICES INC
1290 WESTON ROAD
SUITE 300
WESTON FL 33326

Name **KAREN HALE**

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

1470 SEABAY ROAD

City **Weston**

FL

Zip Code **33326**

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 Karen Hale, Director

4-11-02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HALE, KAREN**
STREET ADDRESS **1470 SEABAY ROAD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Change ☒ Addition
NAME **Julie R. Valdes**
STREET ADDRESS **17425 N.W. 10th Street**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Karen Hale, Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 954-385-9689

Date

Daytime Phone #

CR2E034 (9/01)