

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90145 018 ***158.75

DOCUMENT # P01000083159

1. Entity Name
MEDICAL STAFFING OF S.W. FLORIDA, INC.



Principal Place of Business
12995 SOUTH CLEVELAND AVENUE PBS 1
FORT MYERS FL 33907

Mailing Address
12995 SOUTH CLEVELAND AVENUE PBS 1
FORT MYERS FL 33907



2. Principal Place of Business
501 Goodlette Rd

3. Mailing Address
501 Goodlette Rd

Suite, Apt. #, etc.
Suite B-100

Suite, Apt. #, etc.
Suite B-100

City & State
Naples FL

City & State
Naples FL

Zip
34102

Country
Collier

Zip
34102

Country
Collier

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1132135

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DODGE, TIMOTHY R
12995 SOUTH CLEVELAND AVENUE PBS 1
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name Timothy R Dodge
Street Address (P.O. Box Number is Not Acceptable)
501 Goodlette Rd Ste B-100
City Naples FL Zip Code 34102

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 *Timothy R Dodge*
Signature, typed or printed name of registered agent and title if applicable

Timothy R Dodge
(NOTE: Registered Agent signature required when reinstating)

1/28/2003
DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, BETLY 652 98TH AVE NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President Timothy R Dodge 501 Goodlette Rd Ste B-100 Naples FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE: *Timothy R Dodge* *1/28/2003*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)