FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90116 021 ***150.00

DOCUMENT # P01000089513

1. Entity Name

MEDICAL STAFF RESOURCES, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11210 HARBOUR SPRINGS CIR.	20423 STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. # F6-496
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33428 Country: Palm BEACH	Zip: 33498 Country: Palm Beach

4. FEI Number: 65-1142960 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LINDA YON

Street Address (P.O. Box Number is Not Acceptable): 11210 HARBOUR SPRINGS CIRCLE

City: BOCA RATON **FL** Zip Code: 33428

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: Linda M. Yon 4/2/02

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	RICHARD YON
STREET ADDRESS	11210 HARBOUR SPRINGS CIR.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VICE PRESIDENT
NAME	LINDA YON
STREET ADDRESS	11210 HARBOUR SPRINGS CIR.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	BOARD OF DIRECTORS
NAME	KARLA NOEL, MD
STREET ADDRESS	10425 SW 52nd ___ COURT
CITY-ST-ZIP	OCALA, FL 34476
TITLE	BOARD OF DIRECTORS
NAME	TRAVIS TREADWAY, MD
STREET ADDRESS	3228 GREAT MEADOWS DRIVIE
CITY-ST-ZIP	KNOXVILLIE, TN 37920
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/2/02 561-852-6172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #