2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000108757

Entity Name: MEDSTAFFJOBS, INC.

Current Principal Place of Business:

204 NORTH ELM AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

204 NORTH ELM AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3755744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURLEY, NOAL W
204 NORTH ELM AVENUE
SANFORD, FL 32771

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: D ( ) Delete
Name: CURLEY, NOAL W
Address: 501 AVON GLADE PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V ( ) Change (X) Addition
Name: MARK, BRIAN A CIO
Address: 15025 DOUGLAS CIRCLE
City-St-Zip: OMAHA, NE 68154

Title: T ( ) Change (X) Addition
Name: DUNN, DUANE M COO
Address: 2820 SUN LAKE LOOP #114
City-St-Zip: LAKE MARY, FL 32746

Title: D/S (X) Change ( ) Addition
Name: CURLEY, NOAL W CEO
Address: 501 AVON GLADE PLACE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOAL W CURLEY D/S 01/11/2002

Electronic Signature of Signing Officer or Director — Date