JUL. 21. 2003 3:15PM NURSE STATION

JUL. 2. 2003 2:41PM NURSE STATION

FILED
Aug 06, 2003 8:00 am
Secretary of State

07-14-2003 90347 020 ***150.00

7/14/200

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042095

1. Entity Name
MEDSTAFF SOLUTIONS, INC.

55053482

[redacted]

Principal Place of Business
407 SE 24TH STREET SUITE B
FORT LAUDERDALE FL 33316

Mailing Address
407 SE 24TH STREET SUITE B
FORT LAUDERDALE FL 33316

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0664687 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONILLA, CHARLES
407 SE 24TH STREET SUITE B
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

FILE NOW!! FEE IS $150.00 After September 15, $400 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONILLA, CHARLES 3020 NE 16TH AVENUE #302 E FORT LAUDERDALE FL 33334 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, SETH 1630 NE 1ST STREET FORT LAUDERDALE FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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: ______ 7/9/03

Signature and typed or printed name of signing officer or director / Date / Daytime Phone #