

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90093 002 ***150.00

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DOCUMENT # P02000066772

1. Entity Name

ALL MED STAFFING OF THE PALM BEACHES INC.



Principal Place of Business
3450 NORTHLAKE BLVD STE 209
PALM BEACH GARDENS FL 33403

Mailing Address
3450 NORTHLAKE BLVD STE 209
PALM BEACH GARDENS FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

03-0455936

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75-Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KIESLING, ROBERT A
479. N CONGRESS AVE #206
BOYNTON BEACH FL 33426

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

Robert A. Kiesling
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 IN 11

TITLE P
NAME CERA, CHRISTINE
STREET ADDRESS 3450 NORTHLAKE BLVD STE 209
CITY-ST-ZIP PALM BEACH GARDENS FL 33403

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME CERA, LOUIS
STREET ADDRESS 3450 NORTHLAKE BLVD STE 209
CITY-ST-ZIP PALM BEACH GARDENS FL 33403

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

Robert A. Kiesling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/3/03

CR2E034 (4/03)

Attachment

90146848

July 04, 2003

Division of Corporation
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl 32302-1500

Re: All Med Staffing of the Palm Beaches Inc.

P02000066772

To Whom It May Concern:

As acting director of : All Med Staffing of the Palm Beaches Inc.
I'm writing this letter to let authorized persons of the Florida Dept
of State know that my corporation did not receive the first notice. I
understand that writing this letter personally stating my situation
allows me to file my 2003 Uniform Business Report document #
P02000066772 along with an enclosed check made out to the
Department of State in the amount of \$150.00 fee.

Sorry for the inconvenience, Thank you very much for your time.

If there are any problems please call me at 561-656-2648.

Sincerely,
Christine Cera