

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90336 021 ***150.00

DOCUMENT # P03000053245

1. Entity Name

CAREGIVER MEDICAL STAFFING, INC.



Principal Place of Business

16340 SOUTH POST ROAD
SUITE #201
WESTON FL 33331

Mailing Address

16340 SOUTH POST ROAD
SUITE #201
WESTON FL 33331

24047280



MOORE

CR2E034 (11/03)

2. Principal Place of Business

16340 S. Post Road
Suite, Apt. #, etc.
#201

3. Mailing Address

16340 S. Post Road
Suite, Apt. #, etc.
201

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

58-2671255

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, MARVA M
18180 NORTH WEST 68TH AVENUE
SUITE 206
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name: MARVA M WALLACE
Street Address (P.O. Box Number is Not Acceptable): 16340 S. Post Road
Suite #201
City: WESTON FL Zip Code: 33331

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE: PCEO
NAME: WALLACE, MARVA M
STREET ADDRESS: 18180 NORTH WEST 68TH AVENUE #206
CITY-ST-ZIP: MIAMI FL 33015 ☐ Delete

TITLE: D
NAME: WALLACE, MARVA M
STREET ADDRESS: 18180 NORTH WEST 68TH AVENUE #206
CITY-ST-ZIP: MIAMI FL 33015 ☐ Delete

TITLE: VD
NAME: ST. HOPE CRAWFORD, PAUL
STREET ADDRESS: 18180 NORTH WEST 68TH AVENUE #206
CITY-ST-ZIP: MIAMI FL 33015 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 9547626558
Date Daytime Phone #