

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91066 017 \*\*\*150.00

**DOCUMENT # P03000100314**

1. Entity Name

MEDICAL STAFFING RX, INC.



Principal Place of Business

1936 DODGE CIRCLE  
CLEARWATER FL 33760

Mailing Address

1936 DODGE CIRCLE  
CLEARWATER FL 33760

2. Principal Place of Business

3351 Vorden St.

3. Mailing Address

3351 Vorden St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

New Port Richey FL

Zip

34655

Country

USA

Zip

34655

Country

USA

4. FEI Number

20-0189375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKEEVER, SANDRA D  
1936 DODGE CIRCLE  
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3351 Vorden St.

City

New Port Richey

FL

Zip Code

34655

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

*Sandra McKeever*

(NOTE: Registered Agent signature required when reinstating)

4/27/04

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 PD ☐ Delete  
NAME MCKEEVER, SANDRA D  
STREET ADDRESS 1936 DODGE CIRCLE  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE VD ☐ Delete  
NAME ROBINSON, GREGORY P  
STREET ADDRESS 11564-124TH TERRACE N.  
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3351 Vorden St  
CITY-ST-ZIP New Port Richey FL 34655

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1399 S. Belcher Rd. #144  
CITY-ST-ZIP Largo, FL 33771

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

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

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

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

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:

*Sandra McKeever*

SANDRA MCKEEVER

4/27/04

727-372-6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #