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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14154** (9)

1. Corporation Name

**MEDSTAFF NATIONAL MEDICAL STAFFING, INC.**

Principal Place of Business

**3104 CROASDALE AVE  
DURHAM NC 27705  
US**

Mailing Address

**ATTN: TAX DEPARTMENT  
P.O. BOX 15309  
DURHAM NC 27704-0309  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1987**

4. FEI Number

**56-1451520**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 3104 CROASDALE DRIVE**

Suite, Apt. #, etc.

**22 City & State  
DURHAM, N.C.**

**23 Zip  
27705**

Country

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

Zip

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

**81 Name**

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

**83**

**84 City**

**FL**

**85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ABASHIAN, RHONDA**  
STREET ADDRESS **3104 CROASDALE DRIVE**  
CITY - ST - ZIP **DURHAM NC**

TITLE **AS** ☒ DELETE

NAME **MILES, KIMBERLY J**  
STREET ADDRESS **2828 CROASDALE DRIVE**  
CITY - ST - ZIP **DURHAM NC 27705**

TITLE **VPD** ☐ DELETE

NAME **HARRISON, DEANNE**  
STREET ADDRESS **2828 CROASDALE DRIVE**  
CITY - ST - ZIP **DURHAM NC**

TITLE **T** ☒ DELETE

NAME **SOKOL, ANDREW E**  
STREET ADDRESS **2828 CROASDALE DRIVE**  
CITY - ST - ZIP **DURHAM NC**

TITLE **AS** ☐ DELETE

NAME **BAYS, FRED**  
STREET ADDRESS **2828 CROASDALE DRIVE**  
CITY - ST - ZIP **DURHAM NC**

TITLE **SVP** ☒ DELETE

NAME **BALL, JOHN G**  
STREET ADDRESS **2828 CROASDALE DRIVE**  
CITY - ST - ZIP **DURHAM NC**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☒ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

**RHONDA ABASHIAN**

**4/28/98**

**(919) 383-0355**

CR2E034 (10/97)