

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

'95 MAY -1 PM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38181 (4)

1. Corporation Name

MEDICAL RECRUITERS OF AMERICA, INC.

Principal Place of Business

Mailing Address

**7771 WEST OAKLAND PARK BLVD., SUITE #100
FT. LAUDERDALE FL 33351**

**7771 WEST OAKLAND PARK BLVD., SUITE #100
FT. LAUDERDALE FL 33351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/03/1992** 3a. Date of Last Report **04/13/1994**

4. FEI Number **65-0317322** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.002, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 not acceptable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **CD**
NAME **ROGERS, MICHAEL**
STREET ADDRESS **HOWBERY 104, HARMER GR LN**
CITY - ST - ZIP **BIBSWELL, WEL, ENGLAND**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **PD**
NAME **ELMSLIE, JAMES**
STREET ADDRESS **11030 N.W. 20TH STREET**
CITY - ST - ZIP **CORAL SPRINGS FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **SD**
NAME **KLINK, FREDRIC J.**
STREET ADDRESS **POND HALL, WILSON POINT**
CITY - ST - ZIP **NORWALK CT**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **T**
NAME **CHAPMAN, CLIVE**
STREET ADDRESS **20A CHURCH ROAD**
CITY - ST - ZIP **WELWYN GARDN ENGLAND**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **V**
NAME **BERGBAUER, MICHAEL**
STREET ADDRESS **9237 N.W. 13TH PLACE**
CITY - ST - ZIP **CORAL SPRINGS FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **V**
NAME **DALEY, SANDRA**
STREET ADDRESS **1660 N.W. 33RD COURT**
CITY - ST - ZIP **OAKLAND PARK FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

DIGITALLY SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Bergbauer
Mike Bergbauer

4/27/95

305-748-3300