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 APR 26 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059189 (9)**

1. Corporation Name
INTERNATIONAL MEDICAL STAFFING, INC.

Principal Place of Business	Mailing Address
6701 16TH AVE. NO. ST. PETERSBURG FL 33710	P.O. BOX 47974 ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1993
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3194108 ☐ 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. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GALANG, CARMELITA P
6701 16TH AVE.NO.
ST. PETERSBURG FL 33710

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	S	☐ Change ☑ Addition
NAME	GALANG, CARMELITA P.	1.2 NAME	ZAMBITO, KATHLEEN G.	
STREET ADDRESS	6701 16TH AVE NORTH	1.3 STREET ADDRESS	12530 EARNEST AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32837	
TITLE	VP	2.1 TITLE	VP/T	☑ Change ☐ Addition
NAME	GALANG, FERNANDO C.	2.2 NAME	GALANG, FERNANDO C.	
STREET ADDRESS	6701 16TH AVE NORTH	2.3 STREET ADDRESS	6701 16TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33707	
TITLE	T	3.1 TITLE		☑ Change ☐ Addition
NAME	GALANG, MARIA LOURDES	3.2 NAME		
STREET ADDRESS	6701 16TH AVE NORTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	BM	4.1 TITLE		☐ Change ☐ Addition
NAME	GALANG, NILDA P.	4.2 NAME		
STREET ADDRESS	6701 16TH AVE NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: C.P. Galang CARMELITA P. GALANG, PRESIDENT 4-21-95 (813) 384-5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0440841 FP