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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 08/24/1993
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 255 SIMPSON ROAD	26 P.O.BOX 4505545
Suite, Apt. #, etc. 22 SUITE B	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE, FLORIDA	City & State 28 KISSIMMEE, FLORIDA
Zip 24 34744 Country 25	Zip 29 34745 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: GALANG, CARMELITA P.
82 Street Address (P.O. Box Number is Not Acceptable): 255 SIMPSON ROAD
83 SUITE B
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: C Galang CARMELITA P. GALANG
(Signature of new registered agent, if this block is applicable) (NOTE: Registered Agent's signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GALANG, CARMELITA P. 6701 16TH AVENUE NORTH ST. PETERSBURG FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT GALANG, FERNANDO C. 6701 16TH AVE NORTH ST. PETERSBURG FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GALANG, MARIA LOURDES 6701 16TH AVE NORTH ST. PETERSBURG FL ☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM GALANG, NILDA P. 6701 16TH AVE NORTH ST. PETERSBURG FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	APT ZAMBITO, KATHLEEN G. 12530 EARNEST AVENUE ORLANDO FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(k), 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 Galang CARMELITA P. GALANG 5-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)