FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093797 (6)

SANCTUARY MEDICAL STAFFING, INC.

Country

9. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF FORT MY

25

13611 MCGREGOR BLVD.

FORT MYERS FL 33919

Principal Place of Business

2. Principal Place of Business

SUITE 3

Suite, Apt. #, etc.

City & State

22

23

24

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Zìp

Mailing Address

133 SEASHORE DR JUPITER FL 33477

133 SEASHORE DR JUPITER FL 33477

2a. Mailing Address

City & State

Suite, Apt. #, etc.

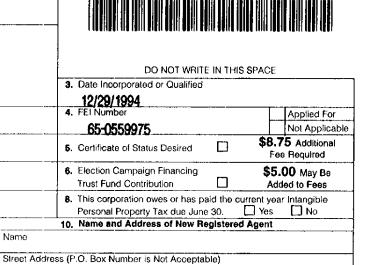
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FILED May 11 1998 8:00am Secretary of State



Zip Code

☐ Change

Addition

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 again, and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME CARLOUGH, BRUCE 1.2 NAME 133 SEASHORE DR STREET ADDRESS 1.3 STREET ADDRESS **Jupiter** FL 33477 CITY-ST-ZIP 1.4 CITY-S3-ZIP DELETE Addition TITLE **VPD** 21 TITLE Change NAME FEYKO, JOHN 22 NAME 2891 N.W. 34TH ST. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 31 TILLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 suppliency ital a rolal 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 precise for trustre empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or or an artisticity an address.

DELETE

Country

B1 Name

R2

83

84 City

30