FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jun 07 1996 8:00 am
Secretary of State

DOCUMENT # **P95000055307 (9)**

1. Corporation Name
MEDSTAFF, INC.

Principal Place of Business	Mailing Address
5560 BEE RIDGE RD SUITE 5 SARASOTA FL 33433	5560 BEE RIDGE RD SUITE 5 SARASOTA FL 33433

3. Date Incorporated or Qualified: **07/14/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)	5560 Bee Ridge Road
Suite, Apt. #, etc. (22)	Suite D 5-6
City & State (23)	Sarasota, FL
Zip (24) / Country (25)	34233 /
2a. Mailing Address (26)	P.O. Box 22289
Suite, Apt. #, etc. (27)	
City & State (28)	Sarasota, FL
Zip (29) / Country (30)	34276 /

4. FEI Number: 65-0601520 ☐ 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

JACOCKS, H. ROBERT
5560 BEE RIDGE RD
SUITE 5
SARASOTA FL 33433

10. Name and Address of New Registered Agent

81 Name: Jacocks, H. Robert
82 Street Address (P.O. Box Number is Not Acceptable): 5560 Bee Ridge Road
83: Suite D 5-6
84 City: Sarasota **FL** 85 Zip Code: 34233

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 (Signature of the appointee) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOCKS, H. ROBERT		1.2 NAME		
STREET ADDRESS	3656 BENEVA OAKS BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACOCKS, ROBERT A		2.2 NAME		
STREET ADDRESS	7120 POINT OF ROCKS CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLLINS-FEIN, NANCEE		3.2 NAME		
STREET ADDRESS	21050 WINDMERE LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: H. Robert Jacocks 5/19/96 941-378-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #