

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000055307 (9)**

1. Corporation Name

**MEDSTAFF, INC.**

Principal Place of Business

**5560 BEE RIDGE RD  
D 5-6  
SARASOTA FL 34233  
US**

Mailing Address

**P.O. BOX 22289  
SARASOTA FL 34276  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/14/1995**

3a. Date of Last Report

**06/07/1996**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JACOBS, H. ROBERT  
5560 BEE RIDGE RD  
SUITE D 5-6  
SARASOTA FL 34233**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

**JACOBS, H. ROBERT**

STREET ADDRESS

**3656 BENEVA OAKS BLVD**

CITY- ST- ZIP

**SARASOTA FL 34238**

TITLE

D

NAME

**JACOBS, ROBERT A**

STREET ADDRESS

**7120 POINT OF ROCKS CIR**

CITY- ST- ZIP

**SARASOTA FL 34242**

TITLE

D

NAME

**HOLLINS-FEIN, NANCEE**

STREET ADDRESS

**21050 WINDMERE LN**

CITY- ST- ZIP

**BOCA RATON FL 33428**

TITLE

D

NAME

D

STREET ADDRESS

D

CITY- ST- ZIP

D

TITLE

D

NAME

D

STREET ADDRESS

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CITY- ST- ZIP

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TITLE

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NAME

D

STREET ADDRESS

D

CITY- ST- ZIP

D

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**PRESIDENT**

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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☐ Addition

14. I do hereby 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 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

**J. B. Smith**

**7/23/97 6:44:27 1101**

CR2E034 (4/97)