

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000076076 (5)**

1. Corporation Name

MEDICAL STAFFING ASSOCIATES, INC.



Principal Place of Business

**12081 ASHFORD LANE
DAVIE FL 33325**

Mailing Address

**12081 ASHFORD LANE
DAVIE FL 33325**

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

22

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**SOSS, MARC J
11050 MINNEAPOLIS DR
COOPER CITY FL 33026**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

4. FET Number

65-0616353

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. 193.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 and 607.1507, Florida Statutes, the above named corporation certifies 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 must be printed and signed by the registered agent.

Signature must be printed and signed by the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**D CARLOW, MICHAEL A
12081 ASHFORD LANE
DAVIE FL 33325**

STREET ADDRESS

CITY- ST- ZIP

TITLE

☒ DELETE

NAME

**B GALANTINI, KATHRYN
12081 ASHFORD LANE
DAVIE FL 33325**

STREET ADDRESS

CITY- ST- ZIP

TITLE

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NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

☐ Change

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6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

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11. STREET ADDRESS

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135. STREET ADDRESS

136. CITY- ST- ZIP

137. TITLE