

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070679

1. Entity Name

NATIONAL MEDICAL RECRUITING & CONSULTING, INC.

**FILED**  
Feb 22, 2001 8:00 am  
Secretary of State

02-08-2001 90031 020 \*\*\*158.75

Principal Place of Business	Mailing Address
3655 BOCA CIEGA #111 NAPLES FL 34112	3655 BOCA CIEGA #111 NAPLES FL 34112

2. Principal Place of Business 3655 Boca Ciega Suite, Apt. #, etc. # 111	3. Mailing Address 3655 Boca Ciega Suite, Apt. #, etc. # 111
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City & State NAPLES FL	City & State NAPLES FL
Zip 34112	Country USA
Zip 34112	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405334	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GRIFFIN, JACKIE S 3655 BOCA CIEGA #111 NAPLES FL 34112	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRIFFIN, JACKIE S 3655 BOCA CIEGA #111 NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jackie S Griffin, CEO 2-5-01 941-417-1848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)