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

 PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🕶

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074935 (3)

VAN DYCK MEDICAL STAFFING, INC.

Principal Place of Business

Mailing Address

1301 66TH STREET NORTH

FILED Apr 25 1997 8:00am Secretary of State



ST. PETERSBURG FL 33710	ST. PETERSBUR	G FL 33710-5542			
		i		3. Date Incorporated or Qualified 09/06/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Add	2a. Mailing Address		4. FEI Number 59-3401488	Applied For
21	[26]			59-3401488	Not Applicable
Suite, Apt. #, etc.	27]	······································		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	9		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Cour	itry	Trust Fund Contribution	Added to Fees
24 25	29	30	The delignation has habiting for interrigible tax and s. 155.552,		
9. Name and Addres	s of Current Registered Agent			10. Name and Address of New Reg	
VAN DYCK, CLAUS 1301 68TH STREET NORT ST. PETERSBURG FL 337			Name Street Ac	dress (P.O. Box Number is Not Acceptab	le)
*		ļ	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Socio- office or registered agent, or both, agent, I am familiar with, and acco- SIGNATURE	in the State of Florida. Such cha	arige was authorized	by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered
Signature, typed or printed name	of requirered agent and title if applicable.	(NO1) Begistered	Agent signature re	quired when rehistating)	DATE
12. OF	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE CLASSIC	· PRESIDENT [DELETE 1.1 TITE			☐ Change . ☐ Addition
NAME CLAUS VAN	SLAND DA. # 80	12 NAM			
STREET ADDRESS 7400 5014 /	16440 DU. # VV	13 SIR	EET ADDRESS		Į:
CITY-ST-ZIP SOUTH (A)	3CAND VII. # 60 9DENA, FC 337 27	1401	Y - ST - 7/P		Change Addition
SECRE MI	17 L	DELETE 21 TITL	l l		Change Auditroff
NAME DONOTHER STREET ADDRESS SERVES ON	VAN DYCK ISLAND DZ. # 8 AJENA, FC 33	202 22 NAM	II.		
CITY-ST-ZIP SOUTH PAS	ATENA FC 33	207	EET ADDRESS Y-ST-ZIP		
TITLE	<u> </u>	DELETE 3.1 1 TL			Change Addition
NAME	_	3.2 NAM			
STREET ADDRESS		4	EET ADDRESS		
CITY-ST-ZIP			Y-ST-ZIP		
TITLE		DELETE 4.1 TOL			Change Addition
NAME		4.2 NA	ME		į
STREET ADDRESS		4.3 STR	EET ADDRESS		
CITY-ST-ZIP		4.4 Cit	Y-SI - ZIF'		
TITLE		DELETE 5.1 TITL	E		Change Addition
NAME		5.2 NAM	AE .		ļ
STREET ADDRESS		5.3 S18	EET ADDRESS		
City-St-ZiP			Y - ST - 7(P		
TITLE		DELETE 6.1 THE	E [Change Addition
NAME		6.2 NAM	ME		
STREET ADDRESS		6.3 STR	EET ADDRESS		1
CITY-ST-ZIP		6.4 CIT	Y- \$1 - ZIP		

I do hereby certify that the information supplied with this filling 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 tegal 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 attacking at with an address.