

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

FILED

Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000074935 (3)

1. Corporation Name

VAN DYCK MEDICAL STAFFING, INC.

Principal Place of Business

1301 66TH STREET NORTH  
ST. PETERSBURG FL 33710

Mailing Address

1301 66TH STREET NORTH  
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1996

4. FEI Number

59-3401488

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 6798 CROSSWINDS DR. #F-101

Suite, Apt. #, etc.

22 ST. PETERSBURG, FL

City & State

23 33710

Zip

Country

2a. Mailing Address

26 6798 CROSSWINDS DR. #F-101

Suite, Apt. #, etc.

27 ST. PETERSBURG, FL

City & State

28 33710

Zip

Country

9. Name and Address of Current Registered Agent

VAN DYCK, CLAU  
1301 66TH STREET NORTH  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name VAN DYCK, CLAU

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

6798 CROSSWINDS DR. #F-101

83 ST. PETERSBURG, FL 33710

84 City

FL

85 Zip Code

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, handwritten name of registered agent and title if applicable

CLAU VAN DYCK, PRESIDENT

3-21-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VAN DYCK, CLAU  
STREET ADDRESS 7400 SUN ISLAND DRIVE 802  
CITY-ST-ZIP SOUTH PASADENA FL

TITLE S ☐ DELETE

NAME VAN DYCK, DORETHEA  
STREET ADDRESS 7400 SUN ISLAND DRIVE 802  
CITY-ST-ZIP SOUTH PASADENA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAU VAN DYCK 3-21-98

CR2E034 (10/97)