

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066125

1. Entity Name

SURGICAL STAFFING ENTERPRISES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90060 037 ***150.00

Principal Place of Business

Mailing Address

CENTRE '70 BUILDING
 150 N.W. 70TH AVENUE, SUITE 4
 PLANTATION FL 33317

CENTRE '70 BUILDING
 150 N.W. 70TH AVENUE, SUITE 4
 PLANTATION FL 33317-2911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0783807

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, JAMES
 150 NW 70TH AVENUE
 PLANTATION FL 33317

Name Donna Peabody
Surgical Staffing Enterprises Inc
 Street Address (P.O. Box Number is Not Acceptable)
150 NW 70 Ave Suite 3
 City Plantation FL 33328

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 Donna L. Peabody
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/11/00

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Delete
 NAME CARTER, JAMES
 STREET ADDRESS 150 NW 70TH AVENUE
 CITY-ST-ZIP PLANTATION FL 33317

TITLE VD ☒ Change ☐ Addition
 NAME Donna Peabody
 STREET ADDRESS 150 NW 70 Ave
 CITY-ST-ZIP Plantation FL 33328

TITLE SD ☐ Delete
 NAME PEABODY, DONNA
 STREET ADDRESS 150 NW 70TH AVENUE
 CITY-ST-ZIP PLANATION FL 33317

TITLE TD ☒ Change ☐ Addition
 NAME Donna Peabody
 STREET ADDRESS 150 NW 70 Ave
 CITY-ST-ZIP Plantation FL 33328

TITLE TD ☒ Delete
 NAME BOYLAND, WAYNE
 STREET ADDRESS 150 NW 70TH AVE
 CITY-ST-ZIP PLANTATION FL 33317

TITLE TD ☒ Change ☐ Addition
 NAME Donna Peabody
 STREET ADDRESS 150 NW 70 Ave
 CITY-ST-ZIP Plantation FL 33328

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)