

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90154 018 \*\*\*150.00

DOCUMENT # P97000075784

1. Corporation Name  
NURSE STAFFING, INC.



Principal Place of Business  
180 TOLLGATE BRANCH  
LONGWOOD FL 32750

Mailing Address  
180 TOLLGATE BRANCH  
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/02/1997

4. FEI Number  
59-3464612

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 933 LEE RD. #325

Suite, Apt. #, etc.

22 325

City & State

23 ORLANDO, FL

Zip Country

24 32810 25 U.S.

2a. Mailing Address

26 933 LEE RD

Suite, Apt. #, etc.

27 325

City & State

28 ORLANDO, FL

Zip Country

29 32810 30 U.S.

9. Name and Address of Current Registered Agent

LOUGHRAN, LEO J  
180 TOLLGATE BRANCH  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LOUGHRAN, LEO J  
STREET ADDRESS 180 TOLLGATE BRANCH  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE DVP ☐ DELETE

NAME CRISTELLO, FELIX A  
STREET ADDRESS 641 PK VALLEY CIR  
CITY-ST-ZIP CLEMONT FL

TITLE DVP ☐ DELETE

NAME ALLEN C. GRISSOM  
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

DIRECTOR VICE PRES.

ALLEN C. GRISSOM  
3100 UNIVERSITY BLVD. SOUTH #332  
JACKSONVILLE, FL 32216

DIRECTOR S/TREAS  
NADINE LOUGHRAN  
180 TOLL GATE BRANCH  
LONGWOOD, FL 32750

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

589-5600

Daytime Phone #

CR2E034 (1/1/98)