

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000016334

FILED
Sep 13, 2002
Secretary of State

Entity Name: HEALTHCARE RESOURCE STAFFING ASSOCIATES, INC.

Current Principal Place of Business:

2431 ALOMA AVENUE
#145
WINTER PARK, FL 32792

Current Mailing Address:

2431 ALOMA AVENUE
#145
WINTER PARK, FL 32792

New Principal Place of Business:

2431 ALOMA AVENUE
#219
WINTER PARK, FL 32792

New Mailing Address:

2431 ALOMA AVENUE
#219
WINTER PARK, FL 32792

FEI Number: 59-3494143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL, KIMBERLY D
2431 ALOMA AVENUE
#145
WINTER PARK, FL 32792

Name and Address of New Registered Agent:

RANDALL, KIMBERLY D
2431 ALOMA AVENUE
#219
WINTER PARK, FL 32792

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:

09/13/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RANDALL, KIMBERLY D
Address: 2431 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Delete
Name: GRAVELY, SARA J
Address: 1155 LOUISIANA AVE STE #206
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: FERRERI, MARY K
Address: 1155 LOUISIANA AVE # 206
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY D. RANDALL

DP

09/13/2002

Electronic Signature of Signing Officer or Director

Date