

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 25, 1999 8:00 am
Secretary of State

04-25-1999 90006 041 ***300.00

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1. Corporation Name

NURSE STAFFING INC. OF JACKSONVILLE



Principal Place of Business

7100 S. HIGHWAY 17-92
FERN PARK FL 32730

Mailing Address

7100 S. HIGHWAY 17-92
FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

59-3528976

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 the current year intangible
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

LOUGHRAN, LEO
180 TOLLGATE BRANCE
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.

(NOT Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

BALDWIN, JOHN A

STREET ADDRESS

7100 S. HIGHWAY 17-92

CITY-ST-ZIP

FERN PARK FL 32730

TITLE

PST

NAME

BALDWIN, JOHN A

STREET ADDRESS

7100 S. HIGHWAY 17-92

CITY-ST-ZIP

FERN PARK FL 32730

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D P

1.2 NAME

LEO J. LOUGHRAN

1.3 STREET ADDRESS

180 TOLLGATE BRANCH

1.4 CITY-ST-ZIP

LONGWOOD, FL 32750

2.1 TITLE

D VP

2.2 NAME

FELIX A. CRISTELLO

2.3 STREET ADDRESS

641 PK VALLEY CIRCLE

2.4 CITY-ST-ZIP

CLERMONT, FL

3.1 TITLE

D VP

3.2 NAME

ALLEN C. GRISCOM

3.3 STREET ADDRESS

3100 UNIV. BLVD. SO, #332

3.4 CITY-ST-ZIP

JACKSONVILLE, FL 32216

4.1 TITLE

D S/TM

4.2 NAME

NADINE LOUGHRAN

4.3 STREET ADDRESS

180 TOLLGATE BRANCH

4.4 CITY-ST-ZIP

LONGWOOD, FL 32750

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

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☐ Addition

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

Date

Daytime Phone #

4-12-99

599-5600

CR2E034 (11/98)