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

DOCUMENT # P98000072011

1. Corporation Name

NURSE STAFFING HOLDING, INC.

Prin	СІР	al P	HICE	9 01	Rusir
7100	S.	HIG	HW	ΑY	17-92
CCOM		ADK	E	227	720

2. Principal Place of Business

Mailing Address

7100 S. HIGHWAY 17-92 FERN PARK FL 32730

2a. Mailing Address

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90006 041 ***300.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

08/17/1998 4. FEI Number

21 0177	LEE ROAD	26 933 LEE	RD _		39-3328974	INOL	L Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
2 325		27 325				ree Re	Fee Required	
City & S ate	e	City & State			6. Election Campaign Financing	\$5.00	•	
3 URL	ANDO, FL	28 OKLANDO	FL_		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current ye		ra	
4 328	10 25 45	29 328/0	30 H_S		Personal Property Tax.		[]No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent		
	01011 150		81	Name				
	GHRAN, LEO		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	TOLLGATE BRANCH							
LON	GWOOD FL 32750		83					
						85 Zip C		
			84	City		FL 85 Zip C	Joue	
44 Dumuent	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	es the above	-named ccrpc	oration submits this statement for the purpo	ose of changing its	r əgistered	
office cr r	egistered agent or hold in the State i	of Florida. Such change was ∷	uthonzed by	the corporation	n's board of cirectors. I hereby accept the	appointment as req	g stered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statutes.					
SIGNATURE		A FOLL MANUAL TO A PART OF THE	Desistand Agent	t signature required	when remetating)	TE		
40	Signature, typed or printed name of registered agen	() DIRECTORS	13.	signature required	ADDITIONS/CHANGES TO OFFICE		F:S IN 12	
12.	D OFFICERS AIN	DELETE	1.1 TITLE	<u></u>	p	☐ Change	Addition	
TITLE	_	Access	12 NAME			_ •		
NAME	BALDWIN, JOHN A				EO J. LOUGHRAN PO TOLLGATE BRANLH	,		
STREET ADDRESS	7100 S. HIGHWAY 17-92		1.3 STREET		-	-		
CITY-ST-ZIP	FERN PARK FL 32730		1.4 CITY-ST		ONGWOOD FL 32750	Change	Addition	
TITLE	PST	DELETE	2.1 TITLE		מע	⊡ Change	Addition	
NAME	BALDWIN, JOHN A		2.2 NAME		BLIX A. CRISTELLO			
STREET ADDRESS	7100 S. HIGHWAY 17-92		2.3 STREET	ADDRESS 6	41 PK. VALLEY CIRCLE			
CITY-ST-ZIP	FERN PARK FL 32730		2.4 CITY-S	T-ZIP C	LERMONT, FL			
TITLE		☐ DELETE	3.1 TITLE	D	VP	Change	Addition	
NAME			3.2 NAME	A	LLEN C. GRISSOM			
STREET ADDRESS			3.3 STREET	ADDRESS 3/	OO WNIVERSITY BLVD, S	14,974 , 75 332	L.	
CITY-ST-ZIP			3.4. CITY- S	T-ZIP J	ACKSONVILLE FL 32	2/6		
TITLE		☐ DELETE	4.1 TITLE	(3)	5/7	☐ Change	Addition Addition	
NAME			4. 2 NAME	Ĵυ.	ADINE LOUGHRAN			
STREET ADDRESS			4.3 STREET	1,000	O TOLLGATE BRANCH			
			4.4 CITY-ST		NEWOLD FL 32750			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
		—	5.2 NAME			_		
NAME			5.3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY- ST					
		□ DELETE	6.1 TITLE	- +-		☐ Change	Addition	
							_	
NAME				ADDDEEC				
STREET ADDRESS	1		0.3 \$ I KEE (ADDRESS				
			6.4 CITY-ST	ł				
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE				☐ Change	Addit	

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0°.(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 it e same legal effect as if made under eath; 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 OFFICE R OR DIRECTOR

4-12-59

599-5600 Daytime Phone #

CR2E034 (11/98)