

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90057 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000077921**

1. Corporation Name

**MEDSTAFF HEALTH CARE SERVICES, INC.**

Principal Place of Business

36235 HORSESHOE DRIVE  
ZEPHYRHILLS FL 33541

Mailing Address

36235 HORSESHOE DRIVE  
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

59-3532029

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 38117 5th Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 38117 5th Ave

Suite, Apt. #, etc.

City &amp; State

23 Zephyrhills FL

Zip Country

24 33541 25 USA

City &amp; State

28 Zephyrhills FL

Zip Country

29 33541 30 USA

9. Name and Address of Current Registered Agent

HARVEY, KIMBERLY K  
36235 HORSESHOE DRIVE  
ZEPHYRHILLS FL 33541

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 Kimberly K. Harvey Kimberly K. Harvey Owner

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

(NOTE: Registered Agent signature required when reinstating)

2-22-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME Robert C. Harvey  
STREET ADDRESS 36235 Horseshoe Dr.  
CITY-ST-ZIP Zephyrhills, FL 33541TITLE ☐ DELETENAME Vice President  
Kimberly K. Harvey  
STREET ADDRESS 36235 Horseshoe Dr.  
CITY-ST-ZIP Zephyrhills, FL 33541TITLE ☐ DELETENAME Secretary  
Kimberly K. Harvey  
STREET ADDRESS 36235 Horseshoe Dr.  
CITY-ST-ZIP Zephyrhills, FL 33541TITLE ☐ DELETENAME Treasurer  
Robert C. Harvey  
STREET ADDRESS 36235 Horseshoe Dr.  
CITY-ST-ZIP Zephyrhills, FL 33541TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
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

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

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:

Kimberly K. Harvey

Kimberly K. Harvey Owner

Date

2-22-99

813-785-0887

CR2E034 (1/98)