PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Kathorine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800077921

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

03-09-1999 90057 049 ***150.00

| 1. Corporation Name MEDSTAFF HEALTH CARE SERVICE | 0077921 es, inc. | | | |
|--|--|---|---|---|
| Principal Place of Business | Mailing Address | | # #################################### | it namm sæmme næmme nimmen some ender |
| 36235 HORSESHOE DRIVE | 36235 HORSESHOE DRIVE | | , . | |
| ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 | | | DO NOT WRITE IN TH | S SPACE |
| | | | 3. Date incorporated or Qualifed | |
| | | | 09/09/1998 | |
| 2 Principal Place of Business . | 2a. Mailing Address | . ^ | 4. FEI Number | Applied For |
| 27 38117 5th Ave | 28 38117 5 | th Hve | 59-3532029 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | 27 | | | Fee Required |
| City & State | City & State 28 Zohuch | ills FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be - Added to Fees |
| Zip Country | Zlp | Country | 8. This corporation owes the current year I | ntangible |
| 24 33541 25 LCSA | | W CCSA | Personal Property Tax. | d Agent |
| g. Name and Address of Curren | nt Registered Agent | 81 Name | 10. Name and Address of New Registers | u Agent |
| HARVEY, KIMBERLY K | | | | |
| 36235 HORSESHOE DRIVE | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| ZEPHYRHILLS FL 33541 | | 83 | | |
| ZEPRINGILLS FL 33341 | | 83 | <u>-</u> | |
| | | 84 City | F | 85 Zip Code |
| Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State to the philosophic of the provisions of Sections 607.050 office or registered agent, or both in the provisions of the provisions of Sections 607.050 office or registered agent, or both in the State of the provisions of Sections 607.050 office or registered agent, or both in the State of the provisions of Sections 607.050 office or registered agent, or both in the State of the provisions of the pr | | - thh ad an | | |
| agent. I am ramiliar with, and accept the oblige | India of Obcaci ob 1.0000, 1 con | | | ⊋- ⊂ (q |
| Signature, typed or printed name of registered age | Kimberly KHzer | Registered Agent signature requi | red when reinstating) DATE | |
| Signature, typed or printed name of registered age | nt and title if applicable. (NOTE:) ID DIRECTORS | 13. | | AND DIRECTORS IN 12 |
| 12. OFFICERS AN TITLE President | ID DIRECTORS DELETE | 13. 1.1 TITLE | red when reinstating) DATE | |
| Signature, typed or printed name of registered after 12. OFFICERS AN TIME President | ID DIRECTORS DELETE | 13. 1.1 TITLE 12 NAME | red when reinstating) DATE | AND DIRECTORS IN 12 |
| 12. OFFICERS AN TITLE President C. Harv STREET ADDRESS 36235 HOrses | IND DIRECTORS DELETE NO DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | red when reinstating) DATE | AND DIRECTORS IN 12 |
| 12. OFFICERS AN TITLE NAME STREET ADDRESS 36235 HOrses CITY-57-20 Reductive types CI | re and title if applicable. (NOTE: NO DIRECTORS) DELETE YEY NO E Pr. FL 33541 | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | red when reinstating) DATE | AND DIRECTORS IN 12 |
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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 Statutas, 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: KANDELOKETURE NAME OF SKNING OFFICER OR DIRECTOR Date Deptine Prome I Date Deptine Prome I