

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90008 030 ***150.00

DOCUMENT # **P98000095258**

1. Corporation Name

ALL CLINICAL STAFFING, INC.

Principal Place of Business

**1601 BURNINGTREE LANE
BRANDON FL 33510**

Mailing Address

**1601 BURNINGTREE LANE
BRANDON FL 33510**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1998

4. FEI Number

59-3541307

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. ☐ Yes ☒ No

2. Principal Place of Business

21 1463 OAKFIELD DRIVE

Suite, Apt. #, etc.

22 SUITE 127

City & State

23 BRANDON

Zip

24 FL

Country

25 33511

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

ANDRE VERA

82 Street Address (P.O. Box Number is Not Acceptable)

1601 BURNINGTREE LANE

83

84 City

BRANDON

FL

85 Zip Code

33510

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 **ANDRE VERA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-99

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **VERA, ANDRE A**
STREET ADDRESS **1601 BURNINGTREE LANE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **V** ☐ DELETE
NAME **VERA, ADAM S**
STREET ADDRESS **1601 BURNINGTREE LANE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **VS** ☐ DELETE
NAME **LIEB, CHRISTINA K**
STREET ADDRESS **1601 BURNINGTREE LANE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **V** ☐ DELETE
NAME **VERA, DAVID A**
STREET ADDRESS **1601 BURNINGTREE LANE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-99 (613) 657-2693

CR2E034 (5/99)



ALL CLINICAL STAFFING, INC.

Healthcare Staffing

July 12, 1999

P9800009S2S8
608733-90008-30

2

Florida Department of State
Division OF Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We did not receive our first notice for our annual report due to an address change. I have spoken with someone from your office and he instructed me to go ahead and pay the first cost of \$150.00 and give you our new address. If this is a problem please contact me at toll free 877-957-8233.

New Address

All Clinical Staffing
1463 Oakfield Dr, Suite 127
Brandon, FL 33511

Sincerely,

Andre Vera
President