

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061876

1. Entity Name

MEDICAL & DENTAL STAFFING, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90081 030 ***150.00

Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202

ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202-5024

2. Principal Place of Business

3. Mailing Address

9428 BAYMEADOWS RD
Suite, Apt. #, etc.
#120

9428 BAYMEADOWS RD
Suite, Apt. #, etc.
#120

City & State

City & State

JAX., FL

JAX., FL

Zip
32256

Country
USA

Zip
32256

Country
USA

4. FEI Number
59-3585613

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, SHARON R
ONE INDEPENDENT DRIVE
SUITE 3000
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	ELANNE S. HARRIS	9428 BAYMEADOWS RD, #120	JAX., FL 32256	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elanne S. Harris PRESIDENT 4/28/00 904 737-3534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)