

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061876

1. Entity Name
MEDICAL & DENTAL STAFFING, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90037 028 ***150.00

Principal Place of Business

Mailing Address

~~9428 BAYMEADOWS RD~~
~~#120~~
~~JACKSONVILLE FL 32256~~
~~US~~

~~9428 BAYMEADOWS RD~~
~~#120~~
~~JACKSONVILLE FL 32256~~
~~US~~

2. Principal Place of Business

9428 Baymeadows Road

Suite, Apt. #, etc.
Suite 120

City & State
Jacksonville, FL

Zip
32256

Country
US

3. Mailing Address

9428 Baymeadows Road

Suite, Apt. #, etc.
Suite 120

City & State
Jacksonville, FL

Zip
32256

Country
US



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name
RAX CO., a Florida corporation

Street Address (P.O. Box Number is Not Acceptable)
c/o Sharon R. Henderson

50 North Laura Street, Suite 3300

City
Jacksonville

FL

Zip Code
32202

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

Sharon R. Henderson, VP

02/12/01

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, 2001 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

TITLE ☒ Delete
NAME ~~HARRIS, ELAINE S~~
STREET ADDRESS ~~9428 BAYMEADOWS RD #120~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32256~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: M.L. SHERRILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

904-389-6856

Daytime Phone #

CR2E034 (10/00)