2002 Uniform Business Report (UBR)

DOCUMENT # P9900061876 1. Entity Name MEDICAL & DENTAL STAFFING, INC.							Secretary of State 03-15-2002 90016 049 ***150.00
Principal Place of Business 9428 BAYMEADOWS ROAD #120 JACKSONVILLE FL 32256 US			Mailing Address 9428 BAYMEADOWS ROAD #120 JACKSONVILLE FL 32256 US				
2. Principal Place of Business			3. Mailing Address				I (1997) OOL 110 16119 (011) OOL) OOL) OOL) OOL OOL OOL OOL OOL OOL
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State			City & State			4	59-3585613 Applied For Not Applicable
Zip Country		Country	Zip Count		try	5	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current			legistered Agent	gistered Agent		7	Name and Address of New Registered Agent
RAX CO. A FLORIDA CORPORATION C/O SHAREN R. HENDERDON 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202 8. The above named entity submits this statement for the purpose of changing its regis						WG P.C.	SONVING agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Tax filing i	_	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees
11.	Гр	OFFICERS AND D	Delete	12.		_	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, ELAINE S			ll l		Hest Green 9428 Jock	Change Addition of Addition of Anderson Baymadows Rd. Scribe 120 to Sonville, Fr. 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORSE, DEBORAH 9428 BAYMEADOWS ROAD , SUI JACKSONVILLE FL 32256		ll l			Vice I Marcy Gyas Tack	President Change Addition & Burgess Rd Suite 120 Sonville, F1. 32252
NAME STREET ADDRESS CITY-ST-ZIP	DST-SHERILL, M L 9428 BAYMEADOWS ROAD, SUITE 120 JACKSONVILLE FL 32256			- 11		Sicri Toan 1428 Tack	Totsak ows Rd Suite 120 Sonvine, Fr. 32252
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	ll l		·	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	ll ll			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	11 '			☐ Change ☐ Addition
indicated of the cor	on this repor poration or th	e information supplied with t t or supplemental report is t le receiver or trustee empov schment with an address, wi	rue and accurate and that vered to execute this report	my signat t as requir	nption stat ure shall ha ed by Cha	ed in Section ave the same pter 607, Fi	on 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATURE: MAJACLEM LIVE GLASSIC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE TO Date Daytime Phone #							