

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061876

1. Entity Name
MEDICAL & DENTAL STAFFING, INC.

FILED

02 APR 25 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3585613

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RAX CO. A FLORIDA CORPORATION
C/O SHAREN R. HENDERSON
50 NORTH LAURA STREET SUITE 3300
JACKSONVILLE FL 32202

Name
Mara Burgess
Street Address (P.O. Box Number is Not Acceptable)
9428 Baymeadows Road
Suite 120
City Jacksonville FL 32256

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 _____ (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, 2002 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	P	☒ Delete
NAME	HARRIS, ELAINE S	
STREET ADDRESS	9428 BAYMEADOWS RD #120	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	P	☒ Delete
NAME	MORSE, DEBORAH	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DST	☒ Delete
NAME	SHERILL, M L	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 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	President	☐ Change ☒ Addition
NAME	Cheri Anderson	
STREET ADDRESS	9428 Baymeadows Rd. Suite 120	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Vice President	☐ Change ☒ Addition
NAME	Mara Burgess	
STREET ADDRESS	9428 Baymeadows Rd Suite 120	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Secretary	☐ Change ☒ Addition
NAME	Joan Tatsak	
STREET ADDRESS	9428 Baymeadows Rd Suite 120	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Vice President	☐ Change ☒ Addition
NAME	Sharon Burgess	
STREET ADDRESS	9428 Baymeadows Rd. Suite 120	
CITY-ST-ZIP	Jacksonville, FL 32256	
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: Mara Burgess 2/14/02 904-737-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #