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	Mailing Address
9428 BAYMEADOWS ROAD #120 JACKSONVILLE FL 32256 US	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
Zip / Country	Zip / Country

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
RAX CO. A FLORIDA CORPORATION C/O SHAREN R. HENDERDON 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE FL 32202	Name: Marge Burgess Street Address (P.O. Box Number is Not Acceptable): 9428 Baymeadows Road Suite 120 City: Jacksonville FL Zip Code: 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 _____
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, 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	TITLE	President ☐ Change ☑ Addition
NAME	HARRIS, ELAINE S	NAME	Cheri Anderson
STREET ADDRESS	9428 BAYMEADOWS RD #120	STREET ADDRESS	9428 Baymeadows Rd. Suite 120
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	P ☑ Delete	TITLE	Vice President ☐ Change ☑ Addition
NAME	MORSE, DEBORAH	NAME	Marge Burgess
STREET ADDRESS	9428 BAYMEADOWS ROAD , SUITE 120	STREET ADDRESS	9428 Baymeadows Rd Suite 120
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	Jacksonville, FL. 32256
TITLE	DST ☑ Delete	TITLE	Secretary ☐ Change ☑ Addition
NAME	SHERILL, M L	NAME	Joan Tatsak
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 120	STREET ADDRESS	9428 Baymeadows Rd Suite 120
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	Jacksonville, FL. 32256
TITLE	☐ Delete	TITLE	Vice President ☐ Change ☑ Addition
NAME		NAME	Sharon Burgess
STREET ADDRESS		STREET ADDRESS	9428 Baymeadows Rd. Suite 120
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL. 32256.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500005451135--2
STREET ADDRESS		STREET ADDRESS	-05/06/02--01002--001
CITY-ST-ZIP		CITY-ST-ZIP	*****61.25 *****61.25
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Margaret Burgess 2/14/02 904-737-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #