AMENDED

09-15-2003 90155 010 ****61.25
FILED P99000061876

03 SEP 17 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061876

1. Entity Name
MEDICAL & DENTAL STAFFING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9428 Baymeadows Road	9428 Baymeadows Road
Suite, Apt. #, etc. Suite 120	Suite, Apt. #, etc. Suite 120
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256 / Country US	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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
President Meeks, Jack 9428 Baymeadows Rd., Suite 120 Jacksonville, FL 32256	
Secretary McGowan, Donna 9428 Baymeadows Rd., Suite 120 Jacksonville, FL 32256	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/03/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #