

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90133 043 ***158.75

DOCUMENT # P99000065065

1. Entity Name

ABUNDANT MEDICAL STAFFING, INC.



Principal Place of Business

13833 WELLINTON TRACE

E4-216

WELLINGTON FL 33414

Mailing Address

13833 WELLINTON TRACE

E4-216

WELLINGTON FL 33414

2. Principal Place of Business

13833 Wellington Trace

3. Mailing Address

13833 Wellington Trace

Suite, Apt. #, etc.

E4-216

City & State

Wellington, Florida

Zip

33414

Country

Palm Bch

City & State

Wellington, Florida

Zip

33414

Country

Palm Bch



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0935751

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, CLIVE O'BRIAN

4506 HUNTING TRAIL

LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name MCINTOSH, Clive O' Brian

Street Address (P.O. Box Number is Not Acceptable)

4506 Hunting Trail

City

Lake Worth

FL

Zip Code

33467

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PD
NAME MCINTOSH, CLIVE
STREET ADDRESS 4506 HUNTING TRAIL
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 reports 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 1-800-224-9350
Date Daytime Phone #

CR2E034 (10/02)