FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:09

DOCUMENT # V63048 (5)

1. Corporation Name
PANHANDLE MEDSTAFF, INC.

Principal Place of Business	Mailing Address
517 NORTH BAYLEN ST. PENSACOLA FL 32501 US	517 NORTH BAYLEN ST. PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3136805 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WINTERS, HOWARD
95 BAYBRIDGE DR
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 517 N. Baylen St
83
84 City: Pensacola FL 85 Zip Code: 32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	BROOKS, JANICE	12 NAME	delete
STREET ADDRESS	201 FLORIDA PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON FL 32549	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	WINTERS, HOWARD	22 NAME	President
STREET ADDRESS	95 BAY BRIDGE DRIVE	23 STREET ADDRESS	Howard Winters
CITY-ST-ZIP	GULFBREEZE FL 32561	24 CITY-ST-ZIP	517 N Baylen St Pensacola FL 32501
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	Vice President
STREET ADDRESS		33 STREET ADDRESS	Susan Saint
CITY-ST-ZIP		34 CITY-ST-ZIP	517 N. Baylen St Pensacola, FL 32501
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard Winters Howard Winters 2/13/95 (904) 432-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0356188 CP