2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2024
Secretary of State
1602312388CC

DOCUMENT# 708836

Entity Name: ATTENDING STAFF FOUNDATION, INC.

Current Principal Place of Business:

4150 BELFORT ROAD
#551538
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 551538
JACKSONVILLE, FL 32255 US

FEI Number: 59-6169725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUDWIG HULSEY, P.A.
5150 BELFORT ROAD, S
500
JACKSONVILLE, FL 32256 US

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: JEFFREY LUDWIG, PRESIDENT 02/02/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	NORSE, ASHLEY B DR.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	TREA
Name	EBLER, DAVID J DR.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	COSTA, JOSEPH A DR.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	ZENNI, ELISA A DR.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	VP
Name	SIRAGUSA, DANIEL DR.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	EXEC
Name	PETERS, THOMAS G DR.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIR
Name	BEST, KELLY A DR.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	PAST PRESIDENT
Name	GODWIN, STEVEN A DR.
Address	655 W. 8TH ST
City-State-Zip:	JACKSONVILLE FL 32209

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS G. PETERS, M.D. EXECUTIVE DIRECTOR & SECRETARY 02/02/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCINNES, DAVID DR.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIR
Name	SALMAN, SALAM O DR.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	A
Name	HOUSE, JEFF G DR.
Address	655 W. 8TH ST
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIR
Name	JONES, ROSS E DR.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209