APR-18-2007 03:08PM FROM-EBS HEALTH CARE +6105589

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Secretary of State
04-23-2007 90279 042 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002438

1. Entity Name
EBS HEALTHCARE STAFFING SERVICES, INC.

Principal Place of Business	Mailing Address
4630 SOUTH KIRKMAN RD. #423 ORLANDO, FL 32811-2802	4630 SOUTH KIRKMAN RD. #423 ORLANDO, FL 32811-2802

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9 LaCrue Ave	4501 Manatee Ave W
Suite, Apt. #, etc.: Ste 210	Suite, Apt. #, etc.: # 270
City & State: Concordville, PA	City & State: Bradenton, FL
Zip: 19331- Country: U.S	Zip: 34209-3952 Country: U.S

4. FEI Number: 23-2720862 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCARTHY, PAUL
4630 SOUTH KIRKMAN ROAD
#423
ORLANDO, FL 32811-2802

7. Name and Address of New Registered Agent
Name: NRAI Services Inc
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite 4
City: Weston FL Zip Code: 33331

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: Julma M. Howarth, Asst Secy — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/18/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUBITS, MARK T 1021 EDGEMILL WAY WEST CHESTER, PA 19382	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCARTHY, PAUL J 351 SYCAMORE MILLS ROSE TREE, PA 19063	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark T. [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/18/07 Daytime Phone #: 800-578-7906