

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000024308

**Entity Name:** HEALTHCARE PROVIDERS STAFFING SOLUTION INC

**Current Principal Place of Business:**

10985 SW 107TH ST  
202  
MIAMI, FL 33176

**Current Mailing Address:**

10985 SW 107TH ST  
202  
MIAMI, FL 33176 US

**FEI Number:** 82-1592164

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOEL, QUINTANA A  
10985 SW 107TH ST  
202  
MIAMI, FL 33176 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:** JOEL A QUINTANA

04/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PT  
Name QUINTANA, JOEL A  
Address 10985 SW 107TH ST  
202  
City-State-Zip: MIAMI FL 33176

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL A QUINTANA

PRESIDENT

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date