FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **544510** **(1)**

1. Corporation Name
TEMPORARY NURSING SERVICES OF FLORIDA, INC.

Principal Place of Business
910 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632-3301

Mailing Address
910 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632-3301

3. Date Incorporated or Qualified: 09/02/1977
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1779956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDSMITH, ESQ, KAREN LEE
GOLDSMITH & GROUT
1420 GENE STREET
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, Typed or Printed Name of Registered Agent and Title if Applicable   DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	ROSEN, JACK	
STREET ADDRESS	18 E. 85TH ST.	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE	DVST	☐ DELETE
NAME	ROSEN, JOSEPH	
STREET ADDRESS	17 YORK PLACE	
CITY-ST-ZIP	TENAFLY NJ 07670	
TITLE	PD	☐ DELETE
NAME	INGBERMAN, ISRAEL	
STREET ADDRESS	2500 HUDSON TERRACE	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	VAS	☐ DELETE
NAME	GEIZHALS, BENJAMIN	
STREET ADDRESS	70 SANTA BARBARA DRIVE	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Benjamin Geizhals, VP   3/26/96   201-567-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #