

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **03/28/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1779956	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. # etc.	26. Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDSMITH, ESQ, KAREN LEE GOLDSMITH & GROUT 1420 GENE STREET WINTER PARK FL 32789		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	385 West Fairbanks Avenue
		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C ROSEN, JACK	1.2 NAME	
STREET ADDRESS	18 E. 85TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10028	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVST ROSEN, JOSEPH	2.2 NAME	
STREET ADDRESS	17 YORK PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TENAFLY NJ 07670	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD INGBERMAN, ISRAEL	3.2 NAME	
STREET ADDRESS	2500 HUDSON TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LEE NJ 07024	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAS GEIZHALS, BENJAMIN	4.2 NAME	
STREET ADDRESS	70 SANTA BARBARA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY 11803	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: _____ **Benjamin Geizhals, VP, Asst Secy** **201-567-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)