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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 544510

1. Corporation Name

TEMPORARY NURSING SERVICES OF FLORIDA, INC.

Principal Place of Business
910 Sylvan Avenue
Englewood Cliffs, NJ
07632

Mailing Address
910 Sylvan Avenue
Englewood Cliffs, NJ
07632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9/2/77

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-1779956
Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip 24 Country 25

Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAREN GOLDSMITH, ESQ.
GOLDSMITH & GROUT
385 West Fairbanks Ave., Suite 300
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Jack Rosen	1.2 NAME	
STREET ADDRESS	910 Sylvan Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Englewood Cliffs, NJ 07632	1.4 CITY-ST-ZIP	
TITLE	DVST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Joseph Rosen	2.2 NAME	
STREET ADDRESS	910 Sylvan Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Englewood Cliffs, NJ 07632	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Israel Ingberman	3.2 NAME	
STREET ADDRESS	910 Sylvan Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Englewood Cliffs, NJ 07632	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000002532900
STREET ADDRESS		6.3 STREET ADDRESS	-05/22/98--01020--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

25
5.20

14. I 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: Joseph Rosen, VP 4/30/98 201-567-4600

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

CR2E034 (10/97)