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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	Mailing Address
910 Sylvan Avenue Englewood Cliffs, NJ 07632	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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	St. to, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 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 _____ DATE
Signature, type/print name of registered agent, if this is applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Jack Rosen	12 NAME	
STREET ADDRESS	910 Sylvan Avenue	13 STREET ADDRESS	
CITY-ST-ZIP	Englewood Cliffs, NJ 07632	14 CITY-ST-ZIP	
TITLE	DVST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Joseph Rosen	22 NAME	
STREET ADDRESS	910 Sylvan Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Englewood Cliffs, NJ 07632	24 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Israel Ingberman	32 NAME	
STREET ADDRESS	910 Sylvan Avenue	33 STREET ADDRESS	
CITY-ST-ZIP	Englewood Cliffs, NJ 07632	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	000002532900
STREET ADDRESS		63 STREET ADDRESS	-05/22/98--01020--031
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

25
5.20

CR2E034 (10/97)

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 Joseph Rosen, VP 4/30/98 201-567-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #