

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002438

**FILED
Apr 21, 2006
Secretary of State**

Entity Name: EBS HEALTHCARE STAFFING SERVICES, INC.

Current Principal Place of Business:

4630 SOUTH KIRKMAN RD.
#423
ORLANDO, FL 328112802

New Principal Place of Business:

Current Mailing Address:

4630 SOUTH KIRKMAN RD.
#423
ORLANDO, FL 328112802

New Mailing Address:

FEI Number: 23-2720862 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCARTHY, PAUL
4630 SOUTH KIRKMAN ROAD
#423
ORLANDO, FL 328112802 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STUBITS, MARK T
Address: 1021 EDMILL WAY
City-St-Zip: WEST CHESTER, PA 19382

Title: V () Delete
Name: MCCARTHY, PAUL J
Address: 351 SYCAMORE MILLS
City-St-Zip: ROSE TREE, PA 19063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK T. STUBITS

PRES

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date