FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F54759 (8)

1. Corporation Name
HOSPITAL STAFFING SERVICES, INC.

Principal Place of Business	Mailing Address
6245 N. FEDERAL HWY., SUITE 500 FT. LAUDERDALE FL 33308-1900	6245 N. FEDERAL HWY., SUITE 500 FT. LAUDERDALE FL 33308-1900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1981
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2150637 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): 400
Suite, Apt. #, etc. (27): 400
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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: SCOTT KOEGLER
82 Street Address (P.O. Box Number is Not Acceptable): 6245 N FEDERAL HWY #400
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33308

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] SCOTT KOEGLER, ASST SECTY 04-11-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	DICKINSON, RODERICK C	1.2 NAME		
STREET ADDRESS	6245 N. FEDERAL HWY, #500	1.3 STREET ADDRESS	#400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP		
TITLE	CEOP	2.1 TITLE	CEO/P/D	☒ Change ☐ Addition
NAME	CASS, RONALD A.	2.2 NAME		
STREET ADDRESS	6245 N. FEDERAL HWY.#500	2.3 STREET ADDRESS	# 400	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	MCCONNELL, WILLIAMS F.	3.2 NAME		
STREET ADDRESS	6245 N. FEDERAL HWY.#500	3.3 STREET ADDRESS	#400	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	KRONFELD, JACK	4.2 NAME		
STREET ADDRESS	6245 N. FEDERAL HWY.#500	4.3 STREET ADDRESS	#400	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☒ Addition
NAME		5.2 NAME	(PLEASE SEE COMPLETE	
STREET ADDRESS		5.3 STREET ADDRESS	LISTING ATTACHED)	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: [signature] 04-11-95 (305) 771-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCOTT KOEGLER, ASST SECTY

F54759

HSSIOFCR.WQ1

HOSPITAL STAFFING SERVICES, INC.
LISTING OF OFFICERS AND DIRECTORS

NAME ADDRESS	TITLE	TERM EXPIRES
RONALD A. CASS 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	COB/CEO/PRES/DIR	05/95
WARREN A. MARMORSTEIN 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	SR VP/CFO/CAO/ SECTY/TREAS	05/95
JAY GERSHBERG 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	VP	05/95
SCOTT ROEGLER 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	ASST SECRETARY	05/95
CHARLES B. PEARLMAN 700 S.E. 3 AVE # 300 FT. LAUDERDALE, FL 33316	ASST SECRETARY	05/95
RODERICK C. DICKINSON 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	DIR	05/95
WILLIAM F. MCCONNELL 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	DIR	05/95
JACK R. KRONFELD 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	DIR	05/95
HECTOR LUIS ZIPEROVICH, M.D. 6245 N. FEDERAL HWY #400 FT. LAUDERDALE, FL 33308	DIR	05/95