SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPÓRATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F54759

(8)

HOSPITAL STAFFING SERVICES, INC.

FILED
Sep 22 1997 8:00am
Secretary of State

(061) 771050

9/15/00

Principal Plac	e of Business	Mailing Address		 	ı realites ilki Billi Billi 18881 91116	INII BIBII BIBII AINII AII	III BIQIE BIBALIBBI
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FT. LAUDERDALE FL 33308-1900 US			FT. LAUDERDALE FL 33308-1900 US		ate Incorporated or Qualified		
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City & Stat	l e	City & State			ection Campaign Financing		.00 May Be
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	IELDS, BOBBY L.						
	15 N. FEDERAL HWY		82 St	reet Address (P.O.	Box Number is Not Accept	able)	``)
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11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Ftorida S	statutes, the above-na	ined corporation si	ubmils this statement for the	Pour pose or criticing	ind us redistered
11. Pursuant office or reagent. I a	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	7.0502 and 607.1508, Ftorida S State of Florida. Such change v obligations of, Section 607.050	Statutes, the above-na was authorized by the 5, Florida Statutes.	e corporation's boa	ubmils this statement for the relation of directors. I hereby acc	cept the appointme	int as registered
agent. I a	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	7.0502 and 607.1508, Florida S State of Florida. Such change of obligations of, Section 607.050	Malules, the above-na was authorized by the 5, Florida Statutes.	e corporation's boa	ubmils this statement for the relative acc	cept the appointme	int as registered
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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 of trusted 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 attackment with an address.