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.)

FILED
Sep 29 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 # F54759 (8)

1. Corporation Name
HOSPITAL STAFFING SERVICES, INC.

Principal Place of Business	Mailing Address
6245 N. FEDERAL HWY STE 400 FT. LAUDERDALE FL 33308-1900 US	6245 N FEDERAL HWY STE 400 FT. LAUDERDALE FL 33308-1900 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1981
3a. Date of Last Report: 9/30/97
4. FEI Number: 59-2150637
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

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
22 Suite 400	27 Suite 400
23 Same	28 Same
24 Same / 25 Same	29 Same / 30 Same

9. Name and Address of Current Registered Agent

SHIELDS, BOBBY L.
6245 N. FEDERAL HWY
SUITE 400
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Ron Lusk
82 Street Address (P.O. Box Number is Not Acceptable): 6245 N. Fed. Suite 400
83
84 City: Fort 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 registe 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] President 9/22/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP CASS, RONALD A. 6245 N FED HWY #400 FT LAUDERDALE FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Ron Lusk 6245 North Federal Hwy #400 Ft Laud, FL 33308	Change ☑ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCONNELL, WILLIAMS F. 6245 N FED HWY #400 FT. LAUDERDALE FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Joe Williams J 6245 N Federal Hwy #400 Ft Laud, FL 33308	☐ Change ✓
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Rob Woolson, Director POB 1468 N/A Lafolette, IN 37766	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Dr. Lawrence Capped Director 225 Taylor Blvd Millbrae, CA 94038	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002652786 -09/30/98--01077--044 ***550.00	☐ Change

85 9-29

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 oa 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] President 9/22/98