

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65767** (0)

1. Corporation Name

HOSPITAL STAFFING SERVICES OF NEW JERSEY, INC.

Principal Place of Business

6245 N. FEDERAL HWY.
IMPERIAL POINT CENTER
FT. LAUDERDALE FL 33308-2220

Mailing Address

6245 N. FEDERAL HWY.
IMPERIAL POINT CENTER
FT. LAUDERDALE FL 33308-2220

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/17/1990

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

400

2a. Mailing Address

26

Suite, Apt. #, etc.

400

22. City & State

23

Zip

Country

27. City & State

28

Zip

Country

4. FBI Number

65-0184613

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

9. This corporation has liability for intangible tax under S. 109.032,
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, typed or printed name of registered agent and title if applicable.

SCOTT KOEGLER ASST SECTY

04-11-95

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VS

NAME

MARMORSTEIN, WARREN A

STREET ADDRESS

6245 N. FEDERAL HWY

CITY - ST - ZIP

FT. LAUDERDALE FL 33308

TITLE

PTD

NAME

CASS, RONALD A.

STREET ADDRESS

6245 NORTH FEDERAL HWY #500

CITY - ST - ZIP

FT. LAUDERDALE FL 33308

TITLE

V

NAME

LECHNER, BRIAN M

STREET ADDRESS

6245 NORTH FEDERAL HWY #500

CITY - ST - ZIP

FT. LAUDERDALE FL 33308

TITLE

AS

NAME

PEARLMAN, CHARLES B

STREET ADDRESS

700 SE TRD AVE. #300

CITY - ST - ZIP

FT. LAUDERDALE FL 33308

TITLE

AS

NAME

KOEGLER, SCOTT

STREET ADDRESS

6245 N. FEDERAL HWY

CITY - ST - ZIP

FT. LAUDERDALE FL 33308

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(3)(b), 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 of the recorder or (unless 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:

SCOTT KOEGLER, ASST SECTY

04-11-95 (305) 771-0500

Date

(Signature) Name