

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L65781 (1)

1. Corporation Name

HOSPITAL STAFFING SERVICES OF CALIFORNIA, 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

05/01/1994

4. FEI Number

65-0194574

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. 100.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

400

2a. Mailing Address

26

Suite, Apt. #, etc.

400

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 607.1506, 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

Scott Koegler
Signature (Typed or printed name of registered agent and title if applicable)

SCOTT KOEGLER, SECT'Y

(NOTE: Registered Agent signature required when reinstating)

04-11-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GERSHBERG, JAY

STREET ADDRESS

6245 N. FEDERAL HWY. #500

CITY - ST - ZIP

FT. LAUDERDALE FL 33308

TITLE

S

NAME

SCOTT KOEGLER

STREET ADDRESS

6245 N. FEDERAL HWY. #500

CITY - ST - ZIP

FT. LAUDERDALE FL 33308-2220

TITLE

AS

NAME

CHARLES B. PEARLMAN

STREET ADDRESS

700 S.E. 3RD AVE. #300

CITY - ST - ZIP

FT. LAUDERDALE FL 33310

TITLE

AS

NAME

PEARLMAN, CHARLES B

STREET ADDRESS

700 SE THIRD AVE. #300

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

#400

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

#400

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

200 E LAS OLAS BLVD #1900

3.4 CITY - ST - ZIP

FT LAUDERDALE FL 33301

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

DELETE - DUPLICATE

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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 007, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT KOEGLER, SECT'Y

04-11-95 (305) 771-0500

Date

(Type Name)