FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L65783 (7)

1. Corporation Name
HOSPITAL STAFFING SERVICES OF MASSACHUSETTS, INC

Principal Place of Business
6245 N. FED. HWY.
STE 400
FT. LAUDERDALE FL 33308-2220
US

Mailing Address
6245 N. FED. HWY.
STE 400
FT. LAUDERDALE FL 33308-2220
US

3. Date Incorporated or Qualified: 04/17/1990
3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0194618 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 33308-1900 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 33308-1900 Country 30

9. Name and Address of Current Registered Agent
~~KOEGLER, SCOTT~~
6245 N FED HWY
STE 400
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name: BOBBY L SHIELDS
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] BOBBY L SHIELDS, SECTY 04-11-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	~~GERSHBERG, JAY A~~	
STREET ADDRESS	6245 N FED HEY #400	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	☒ DELETE
NAME	KOEGLER, SCOTT	
STREET ADDRESS	6245 N FED HWY #400	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	☒ DELETE
NAME	PEARLMAN, CHARLES B.	
STREET ADDRESS	200 E LAS OLAS BLVD #1900	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	BARNHILL, JEFFREY A.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECTY	☐ Change ☒ Addition
4.2 NAME	BOBBY L SHIELDS	
4.3 STREET ADDRESS	6245 N FEDERAL HWY #400	
4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
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		

CR2E034 (12/95)

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)(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 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] 04-11-96 954-771-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BOBBY L SHIELDS SECTY