

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 29 1998 8:00am  
Secretary of State

DOCUMENT # L65783

(7)

HOSPITAL STAFFING SERVICES OF MASSACHUSETTS, INC

Principal Place of Business

6245 N. FED. HWY.  
STE 400  
FT. LAUDERDALE FL 33308-1800  
US

Mailing Address

6245 N. FED. HWY.  
STE 400  
FT. LAUDERDALE FL 33308-1800  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 6245 N. Fed. Highway

Suite, Apt. #, etc.

22 Suite 500

City & State

23 Fort Lauderdale, FL

Zip

24 33308

Country

25 US

2a. Mailing Address

26 6245 N. Fed. Highway

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Fort Lauderdale, FL

Zip

29 33308

Country

30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5

State

Zip Code

Ron Lusk

6245 North Federal Highway

Suite 500

Fort Lauderdale

FL

33351

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_  
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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Ron Lusk

6245 North Federal Highway #500

Fort Lauderdale, FL 33308

C.O.O.

Joe Williams, Jr.

6245 North Federal Highway #500

Fort Lauderdale, FL 33308

000002652750

-09/30/98-01077-048

\*\*\*550.00

14. I 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 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: \_\_\_\_\_  
President

9/22/98