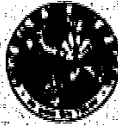


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 # L65787 (8)

1. Corporation Name

HOSPITAL STAFFING SERVICES OF RHODE ISLAND, 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

4. FEI Number

65-0194567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

400

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

400

27. City & State

28

Zip

Country

29

30

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

Scott Koegler
Signature, typed or printed name of registered agent and title if applicable.

SCOTT KOEGLER, SECTY

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
TITLE	S
NAME	KOEGLER, SCOTT
STREET ADDRESS	6245 N FEDERAL HWY #500
CITY- ST- ZIP	FT. LAUDERDALE FL
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	
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	☒ 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	
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT KOEGLER, SECTY

04-11-95 (305) 771-0500

Date

My/their Title