## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2002 8:00 am Secretary of State **DOCUMENT #** P01000014007 1. Entity Name ZENITH HEALTHCARE STAFFING, INC. 05-03-2002 90162 006 \*\*\*150.00 Principal Place of Business Mailing Address 10028-A WEST MCNAB ROAD 10028-A WEST MCNAB ROAD TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address 10100 WEST JAMPIZ ROAD 1461 NW Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 404 DO NOT WRITE IN THIS SPACE City & State City & State offic Springs 4. FEI Number Applied For ORAL *65-107513*0 Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 CORAL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent sig 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.0b Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (9/01)NAME SILVERSTEIN, MICHAEL ☐ Addition NAME STREET ADDRESS 10028-A WEST MCNAB ROAD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP Delete TITLE ☐ Change WEXLER, JACK Addition NAME STREET ADDRESS 10028-A WEST MCNAB ROAD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition WEXLER, ROSS NAME STREET ADDRESS 10028-A WEST MCNAB ROAD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Addition NAME STREET ADDRESS

13. 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP