

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90039 011 ***158.75

DOCUMENT# P04000160040	
1. EntityName HEALTHCARESTAFFINGSOLUTIONS,INC.	

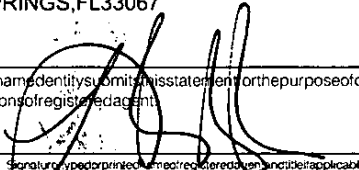
20062928



07072005 Chg-P CR2E034(10/03)

PrincipalPlaceofBusiness 9337 WEST SAMPLE ROAD SUITE 204 CORAL SPRINGS, FL 33067		MailingAddress 9337 WEST SAMPLE ROAD SUITE 204 CORAL SPRINGS, FL 33067	
2. PrincipalPlaceofBusiness 9337 WEST SAMPLE ROAD		3. MailingAddress 9337 WEST SAMPLE ROAD	
Suite, Apt. #, etc. SUITE 204		Suite, Apt. #, etc. SUITE 204	
City&State CORAL SPRINGS, FL		City&State CORAL SPRINGS, FL	
Zip 33065	Country	Zip 33065	Country

4. FEINumber 20-1935500	AppliedFor ☐ NotApplicable
5. CertificateofStatusDesired ☒ \$8.75 Additional FeeRequired	

6. NameandAddressofCurrentRegisteredAgent CHILDRESS, LAURIE 9400WESTSAMPLEROAD SUITE204 CORALSPRINGS, FL33067		7. NameandAddressofNewRegisteredAgent Name CHILDRESS, LAURIE StreetAddress (P.O.BoxNumberisNotAcceptable) 9337 WEST SAMPLE ROAD SUITE 204 City CORAL SPRINGS FL ZipCode 33065	
8. Theabovenamedentitysubmits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Laurie A Childress President 7/7/05	

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust/Fund Contribution. ☐ \$5.00 May Be Added to Fees
In accordance with 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHILDRESS, LAURIE 9400 WEST SAMPLE ROAD, SUITE 204 CORAL SPRINGS, FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHILDRESS, LAURIE 9337 WEST SAMPLE ROAD - SUITE 204 CORAL SPRINGS, FL 33065 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PRUNOTTO, MAUREEN 9337 WEST SAMPLE ROAD - SUITE 204 CORAL SPRINGS, FL 33065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T BABCHICK, DONALD 9337 WEST SAMPLE ROAD - SUITE 204 CORAL SPRINGS, FL 33065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND PEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #