# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2005 8:00 am**
**Secretary of State**
07-12-2005 90039 011 ***158.75

**20062928**

DOCUMENT# P04000160040

1. EntityName
HEALTHCARESTAFFINGSOLUTIONS,INC.

| PrincipalPlaceofBusiness | MailingAddress |
|---|---|
| 9337 WEST SAMPLE ROAD<br>SUITE 204<br>CORAL SPRINGS, FL 33067 | 9337 WEST SAMPLE ROAD<br>SUITE 204<br>CORAL SPRINGS, FL 33067 |

07072005 Chg-P CR2E034(10/03)

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

4. FEINumber 20-1935500 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☑ **$8.75** Additional FeeRequired

| 6. NameandAddressofCurrentRegisteredAgent | 7. NameandAddressofNewRegisteredAgent |
|---|---|
| CHILDRESS,LAURIE<br>9400WESTSAMPLEROAD<br>SUITE204<br>CORALSPRINGS,FL33067 | Name CHILDRESS, LAURIE<br>StreetAddress (P.O.BoxNumberisNotAcceptable) 9337 WEST SAMPLE ROAD<br>SUITE 204<br>City CORAL SPRINGS FL ZipCode 33065 |

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE Laurie A Childress PRESIDENT 7/7/05
Signature,typedorprinted,ofnewregisteredagent,andtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenfirstfiling) DATE

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

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

Inaccordancewiths.607.193(2)(b),F.S.,the corporationdidnotreceivethepriornotice.

| 10. OFFICERSANDDIRECTORS | | | 11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11 | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | P<br>CHILDRESS,LAURIE<br>9400WESTSAMPLEROAD,SUITE204<br>CORALSPRINGS,FL33067 | ☐ Delete | TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | P<br>CHILDRESS, LAURIE<br>9337 WEST SAMPLE ROAD - SUITE 204<br>CORAL SPRINGS, FL 33065 ☑ Change ☐ Addition |
| TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | V<br>PRUNOTTO, MAUREEN<br>9337 WEST SAMPLE ROAD - SUITE 204<br>CORAL SPRINGS, FL 33065 ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | S/T<br>BABCHICK, DONALD<br>9337 WEST SAMPLE ROAD - SUITE 204<br>CORAL SPRINGS, FL 33065 ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREETADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

12. Ihereby 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 attachment 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 like empowered.

**SIGNATURE:** Laurie A Childress PRESIDENT 7/7/05
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#