

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90046 045 \*\*\*155.00

**DOCUMENT # P04000160040**

1. Entity Name

HEALTHCARE STAFFING SOLUTIONS, INC.



Principal Place of Business

9337 WEST SAMPLE ROAD  
SUITE 204  
CORAL SPRINGS FL 33067

Mailing Address

9337 WEST SAMPLE ROAD  
SUITE 204  
CORAL SPRINGS FL 33067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-1935500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHILDRESS, LAURIE  
9337 WEST SAMPLE ROAD  
SUITE 204  
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME CHILDRESS, LAURIE  
STREET ADDRESS 9337 WEST SAMPLE ROAD, SUITE 204  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Delete  
NAME PRUNETTO, MAUREEN  
STREET ADDRESS 9337 WEST SAMPLE ROAD, SUITE 204  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete  
NAME BABCHICK, DONALD  
STREET ADDRESS 9337 WEST SAMPLE ROAD, SUITE 204  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 9441 West Sample Rd Suite 210  
STREET ADDRESS Coral Sp. FL 33067  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 9441 West Sample Rd Ste 210  
STREET ADDRESS Coral Sp. FL 33067  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 9441 West Sample Rd Ste 210  
STREET ADDRESS Coral Sp FL 33067  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laurie Childress 1/30/06 954752-9897