2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# P04000160040

Entity Name: HEALTHCARE STAFFING SOLUTIONS, INC.

Current Principal Place of Business:

9441 WEST SAMPLE ROAD
SUITE 210
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

9441 WEST SAMPLE ROAD
SUITE 210
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 20-1935500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHILDRESS, LAURIE
9441 WEST SAMPLE ROAD
SUITE 210
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: CHILDRESS, LAURIE
Address: 9441 WEST SAMPLE RD SUITE 210
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP
Name: PRUNOTTO, MAUREEN
Address: 9441 WEST SAMPLE RD SUITE 210
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S
Name: BABCHICK, DONALD
Address: 9441 WEST SAMPLE RD SUITE 210
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURIE CHILDRESS VP 01/04/2010

Electronic Signature of Signing Officer or Director Date