

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160040

FILED
Jan 06, 2011
Secretary of State

Entity Name: HEALTHCARE STAFFING SOLUTIONS, INC.

Current Principal Place of Business:

11471 W. SAMPLE RD., STE 19
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

11471 W. SAMPLE RD., STE 19
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:

CHILDRESS, LAURIE
11471 WEST SAMPLE ROAD
SUITE 19
CORAL SPRINGS, FL 33065 US

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

01/06/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHILDRESS, LAURIE
Address: 11471 WEST SAMPLE RD SUITE 19
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP
Name: PRUNOTTO, MAUREEN
Address: 11471 WEST SAMPLE RD SUITE 19
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S
Name: BABCHICK, DONALD
Address: 11471 WEST SAMPLE RD SUITE 19
City-St-Zip: CORAL SPRINGS, FL 33065

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

Electronic Signature of Signing Officer or Director

RA

01/06/2011

Date