

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160040

FILED  
Apr 11, 2012  
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  
11471 WEST SAMPLE ROAD  
SUITE 19  
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

**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

P

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date