FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **FILED** Sandra B. Mortham ANNUAL REPORT Scoretary of State May 01 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # (9)SCIENTIFIC STAFFING INC. Principal Place of Business Mailing Address 3511 W. COMMERCIAL BLVD. 2000 W. VALLEY FORGE CIRCLE SUITE 108 SUITE 108 SUITE 109 FT LAUDERDALE FL 33309 KING OF PRUSSIA PA 19406-1109 3. Date Incorporated or Qualified 3a. Date of Last Report -01/00/1992 2/8/9 04/04/1995 2. Principal Place of Business 21 くろ10 り、い、ろろかりかく 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 225 101 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RoberT O466176 GREENE, STEVEN T. Street Address (P.O. Box Number is Not Acceptable) 82 221 EAST OCEAN BLVD. 26 Island RD STUART FL 34995 83 84 City Zip Code 3494 (Stuart 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am accept the obligations of, Section 607.0505, Florida Statutes. Ropert Greens Signature, typed or printed name of registered agent and trib it applicable (12/95)12 OFFICERS AND DIFFICTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 11716 Addition Change GREENE, ROBERT D. NAME CR2E034 (1.2 NAME 2000 VALLEY FORGE TOWERS STREET ADDRESS 1.3 STREET ADDRESS KING OF PRUSSIA PA CITY-ST-ZIP 14 Cli Y - \$1 - 7/2 TiTi F DELETE 2 1 111LF Change Addition GREENE, ROBERT D. NAME. 2.2 NAME STREET ADDRESS 2000 VALLEY FORGE TOWERS 2 3 STREET ADDRESS CITY-S1-ZIP KING OF PRUSSIA PA 2 4 CITY - ST - ZIP TITLE [] DELFTE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7P 3 4 CITY - ST - ZIP TITLE [] DELETE 4.1 TITLE Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - SI - ZIP TITLE DELETE 6. 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Plock 13 if shanged, expri an attachment with an address.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR