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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

4-16-96 B 36560

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DOCUMENT # **P39940** **(2)**

1. Corporation Name

HEALTHCARE STAFFING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
401 ANDOVER STREET NO ANDOVER MA 01845 US	PO BOX 1742 ANDOVER MA 01810 US

3. Date Incorporated or Qualified: **08/05/1992**
3a. Date of Last Report: **04/18/1995**

4. FEI Number: **04-3063643** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 900 Chelmsford Street	26 same as 2 [21]
Suite, Apt. #, etc. 22 Cross Point Tower II, 8th Floor	Suite, Apt. #, etc. 27
City & State 23 Lowell, MA	City & State 28
Zip 24 01851 / Country 25 USA	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when changing)

ADDITIONAL DIRECTOR ON ATTACHED PAGE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT CIKACZ, MICHAEL 67 CRANBERRY LANE N ANDOVER MA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director, Vice President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS STODDARD, RICHARD C. 125 CAMPION WAY N ANDOVER MA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director, President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director/Chairman James M. Usdan 7733 Forsyth Blvd. Suite 1700 St. Louis, MO 63105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Paul D. Ranelli 8 Holly Gate Circle Middletown, MA 01949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Secretary, Director Alan C. Henderson 7733 Forsyth Blvd. Suite 1700 St. Louis, MO 63105	☐ Change ☒ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Assistant Treasurer John R. Finkenkeller 7733 Forsyth Blvd. Suite 1700 St. Louis, MO 63105	☐ Change ☒ Addition

CR2E034 (12/95)

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ranelli /Paul Ranelli, Treasurer 4/10/96 (508)551-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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health Tour®
Healthcare
Staffing Solutions, Inc.

Cross Point Tower II
Eighth Floor
900 Chelmsford Street
Lowell, Massachusetts 01851

508-551-4000
1-800-523-9353
FAX: 508-551-4020

ADDITIONAL DIRECTOR

[X] ADDITION

Stephen J. Toth
7733 Forsyth Blvd. Suite 1700
St. Louis, MO 63105