FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

4-16-96 B 3656 C

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

1. Corporation Name

HEALTHCARE STAFFING SOLUTIONS, INC.

Principal Place of Business
401 ANDOVER STREET
NO ANDOVER MA 01845
US

Mailing Address
PO BOX 1742
ANDOVER MA 01810
US

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

2. Principal Place of Business
21 900 Chelmsford Street
Suite, Apt. #, etc.
22 Cross Point Tower II, 8th Floor
City & State
23 Lowell, MA
Zip 24 01851 Country 25 USA

2a. Mailing Address
26 same as 2 21
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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 — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature is required when no change) — DATE

ADDITIONAL DIRECTOR ON ATTACHED PAGE

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

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 #

CR2E034 (12/95)

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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

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

[X] ADDITION