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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39940** (2)
1. Corporation Name
HEALTHCARE STAFFING SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 CHELMSFORD STREET CROSS POINT TOWER II 8TH FLOOR LOWELL MA 01851 US	Mailing Address 900 CHELMSFORD STREET CROSS POINT TOWER II 8TH FLOOR LOWELL MA 01851 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DVP
NAME	CIKACZ, MICHAEL
STREET ADDRESS	67 CRANBERRY LANE
CITY - ST - ZIP	N ANDOVER MA
TITLE	DP
NAME	STODDARD, RICHARD C.
STREET ADDRESS	125 CAMPION WAY
CITY - ST - ZIP	N ANDOVER MA
TITLE	DC
NAME	USDAN, JAMES M.
STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700
CITY - ST - ZIP	ST. LOUIS MO
TITLE	T
NAME	RANELLI, PAUL D.
STREET ADDRESS	8 HOLLY GATE CIRCLE
CITY - ST - ZIP	MIDDLETOWN MA
TITLE	SD
NAME	HENDERSON, ALAN C.
STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700
CITY - ST - ZIP	ST. LOUIS MO
TITLE	AT
NAME	FINKENKELLER, JOHN R.
STREET ADDRESS	7733 FORSYTH BLVD
CITY - ST - ZIP	ST. LOUIS MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

1/22/98

978-551-4000

Date

Daytime Phone #

0000749

CR2E034 (10/97)

HEALTHCARE STAFFING SOLUTIONS, INC.
900 CHELMSFORD STREET
SUITE 208
LOWELL, MA 01851

ADDITIONAL DIRECTOR

STEPHEN J. TOTH

1835 ELMSFORD LANE
CHESTERFIELD, MO 63005