

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90051 038 ***150.00

DOCUMENT # P39940

1. Corporation Name

HEALTHCARE STAFFING SOLUTIONS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24

25

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE
NAME CIKACZ, MICHAEL
STREET ADDRESS 67 CRANBERRY LANE
CITY-ST-ZIP N ANDOVER MA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME STODDARD, RICHARD C.
STREET ADDRESS 125 CAMPION WAY
CITY-ST-ZIP N ANDOVER MA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DC ☐ DELETE
NAME USDAN, JAMES M.
STREET ADDRESS 7733 FORSYTH BLVD SUITE 1700
CITY-ST-ZIP ST. LOUIS MO

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME RANELLI, PAUL D.
STREET ADDRESS 8 HOLLY GATE CIRCLE
CITY-ST-ZIP MIDDLETOWN MA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME HENDERSON, ALAN C.
STREET ADDRESS 7733 FORSYTH BLVD SUITE 1700
CITY-ST-ZIP ST. LOUIS MO

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AT ☐ DELETE
NAME FINKENKELLER, JOHN R.
STREET ADDRESS 7733 FORSYTH BLVD
CITY-ST-ZIP ST. LOUIS MO

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

9785514000
Daytime Phone #

CR2E034 (11/98)