

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

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

04-30-1999 90051 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #., etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #., etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 08/05/1992	4. FEI Number 04-3063643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DVP <input type="checkbox"/> DELETE
NAME	CIKACZ, MICHAEL
STREET ADDRESS	67 CRANBERRY LANE
CITY-ST-ZIP	N ANDOVER MA
TITLE	DP <input type="checkbox"/> DELETE
NAME	STODDARD, RICHARD C.
STREET ADDRESS	125 CAMPION WAY
CITY-ST-ZIP	N ANDOVER MA
TITLE	DC <input type="checkbox"/> DELETE
NAME	USDAN, JAMES M.
STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700
CITY-ST-ZIP	ST. LOUIS MO
TITLE	T <input type="checkbox"/> DELETE
NAME	RANELLI, PAUL D.
STREET ADDRESS	8 HOLLY GATE CIRCLE
CITY-ST-ZIP	MIDDLETOWN MA
TITLE	SD <input type="checkbox"/> DELETE
NAME	HENDERSON, ALAN C.
STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700
CITY-ST-ZIP	ST. LOUIS MO
TITLE	AT <input type="checkbox"/> DELETE
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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE** 4/26/99 9785514000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)