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

PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000

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

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90008 047 ***150.00

DOCUMENT # P39940

1. Corporation Name
HEALTHCARE STAFFING SOLUTIONS, INC.

[redacted]

Principal Place of Business	Mailing Address
900 CHLEMSFORD STREET CROSS POINT TOWER II 8TH FLOOR LOWELL MA 01851 US	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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country [25]

2a. Mailing Address [26]
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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP ☑ DELETE	1.1 TITLE	President	☐ Change ☑ Add
NAME	CIKACZ, MICHAEL	1.2 NAME	Maurice Arbelaez	
STREET ADDRESS	67 CRANBERRY LANE	1.3 STREET ADDRESS	900 chelmsford street Suite 308	
CITY-ST-ZIP	N ANDOVER MA	1.4 CITY-ST-ZIP	Lowell, MA 01851	
TITLE	DP ☑ DELETE	2.1 TITLE		☐ Change ☑ Add
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	DC ☑ DELETE	3.1 TITLE		☐ Change ☐ Add
NAME	USDAN, JAMES M.	3.2 NAME		
STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP		
TITLE	T ☐ DELETE	4.1 TITLE		☐ Change ☐ Add
NAME	RANELLI, PAUL D.	4.2 NAME		
STREET ADDRESS	8 HOLLY GATE CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN MA	4.4 CITY-ST-ZIP		
TITLE	SD ☐ DELETE	5.1 TITLE	CEO, Director	☑ Change ☐ Add
NAME	HENDERSON, ALAN C.	5.2 NAME		
STREET ADDRESS	7733 FORSYTH BLVD SUITE 1700	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUSI MO	5.4 CITY-ST-ZIP		
TITLE	AT ☐ DELETE	6.1 TITLE	Assistant Treasurer, Vice President, Secretary and Director	☑ Change ☐ Add
NAME	FINKENKELLER, JOHN R.	6.2 NAME		
STREET ADDRESS	7733 FORSYTH BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	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] 04/28/00 978-551-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #