FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013847 (8)

1. Corporation Name
HOSPITAL STAFFING SERVICES MEDICARE OF BROWARD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6245 N FEDERAL HWY SUITE 500 FT LAUDERDALE FL 33308	6245 N FEDERAL HWY SUITE 500 FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0375763 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): 400
Suite, Apt. #, etc. (27): 400
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC
700 SE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Scott Koegler
82 Street Address (P.O. Box Number is Not Acceptable): 6245 N FEDERAL Hwy #400
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33308

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] Scott Koegler, Asst Secty 04-11-95
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	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	CASS, RONALD A	1.2 NAME	
STREET ADDRESS	6245 N FEDERAL HWY SUITE 500	1.3 STREET ADDRESS	#400
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	LECHNER, BRIAN M.	2.2 NAME	
STREET ADDRESS	6245 N. FEDERAL HWY #500	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☒ Change ☐ Addition
NAME	MARMORSTEIN, WARREN A.	3.2 NAME	
STREET ADDRESS	6245 N. FEDERAL HWY #500	3.3 STREET ADDRESS	#400
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☒ Change ☐ Addition
NAME	KOEGLER, SCOTT	4.2 NAME	
STREET ADDRESS	6245 N. FEDERAL HWY #500	4.3 STREET ADDRESS	#400
CITY-ST-ZIP	FT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	AS ☐ Change ☒ Addition
NAME		5.2 NAME	CHARLES PEARLMAN
STREET ADDRESS		5.3 STREET ADDRESS	200 E LAS OLAS BLVD #1900
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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] 04-11-95 (305) 771-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Scott Koegler, Asst Secty

021A03 CP