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 # **P92000013908 (8)**

1. Corporation Name

HOSPITAL STAFFING SERVICES MEDICARE OF PALM BEAC H, INC.

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

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 400	Suite, Apt. #, etc. 27 400
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0375764 ☐ 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

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 SUTIE 500	1.3 STREET ADDRESS	STE 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	V	3.1 TITLE	V/S	☒ Change ☐ Addition
NAME	MARMORSTEIN, WAREN 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	PEARLMAN, CHARLES B	4.2 NAME		
STREET ADDRESS	700 SE THIRD AVE #300	4.3 STREET ADDRESS	200 E LAS OLAS BLVD #1900	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	AS	5.1 TITLE		☒ Change ☐ Addition
NAME	FOEGLER, SCOTT	5.2 NAME	KOEGLER	
STREET ADDRESS	6245 N. FEDERAL HWY #500	5.3 STREET ADDRESS	#400	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP		
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] 04-11-94 (305) 771-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCOTT KOEGLER, ASST SECTY

08/16/940 CP