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 MAY -1 PM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049401 (1)**

1. Corporation Name
HEALTH STAFFING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9551 SW 56 CT MIAMI FL 33156 US	P O BOX 432160 SO MIAMI FL 33243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/15/1993	04/20/1994

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

4. FEI Number: 65-0425890 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MCCLINTOCK, LAURA~~
~~9551 SW 56TH CT~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name: PRUSSIN, JEFFREY A.
82 Street Address (P.O. Box Number is Not Acceptable): 9551 S.W. 56th Court
83
84 City: Miami, FL 85 Zip Code: 33156

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: Jeffrey A. Prussin, President 4/11/95
(Signature of new Registered Agent required when reinstating) (NOTE: Required Agent Signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PSD~~	11 TITLE	~~DPS~~ ☒ Change ☐ Addition
NAME	MCCLINTOCK, LAURA	12 NAME	~~PRUSSIN, JEFFREY A.~~
STREET ADDRESS	3223 STAR GARDEN COVE	13 STREET ADDRESS	~~P.O. Box 432160~~
CITY-ST-ZIP	BARTLETT TN 38134	14 CITY-ST-ZIP	~~South Miami FL 33243-2160~~
TITLE		21 TITLE	DPS ☒ Change ☐ Addition
NAME		22 NAME	PRUSSIN, JEFFREY A.
STREET ADDRESS		23 STREET ADDRESS	9551 S.W. 56th Court
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33156
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Jeffrey A. Prussin 4/11/95 305-666-5204
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Telephone Number)

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