

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 22 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000028417 (9)
1. Corporation Name
HOSPITAL STAFFING SERVICES OF CONNECTICUT, INC.



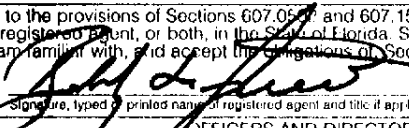
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|---|---|
| Principal Place of Business 6245 NORTH FEDERAL HIGHWAY SUITE 400 FT. LAUDERDALE FL 33308 | Mailing Address 6245 NORTH FEDERAL HIGHWAY SUITE 400 FT. LAUDERDALE FL 33308 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/02/1996 | 3a. Date of Last Report |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEL Number 65-0639020 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|---------------------|--|--|----------------------|
| 9. Name and Address of Current Registered Agent SHIELDS, BOBBY L 592 N.W. 111TH TERRACE CORAL SPRINGS FL 33071 | | | | 10. Name and Address of New Registered Agent | |
| 81 | Name | SAME | | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 6245 N. FEDERAL HWY | | | |
| 83 | City | #500 | | | |
| 84 | City | FT. LAUDERDALE | | FL | 85 Zip Code 33308 |

11. Pursuant to the provisions of Sections 607.0505 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 9/15/97
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P, D, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARNHILL, JEFFREY A | 1.2 NAME | RONALD A. CASS |
| STREET ADDRESS | 6245 N. FEDERAL HIGHWAY #400 | 1.3 STREET ADDRESS | 6245 N. FEDERAL HWY, #500 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | V.P. |
| NAME | | 2.2 NAME | BOBBY L. SHIELDS |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 6245 N. FEDERAL HWY, #500 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| 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 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.

CR2E034 (4/97)