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 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000028417 (9)

1. Corporation Name
HOSPITAL STAFFING SERVICES OF CONNECTICUT, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1996
3a. Date of Last Repo: 9/30/9
2. Principal Place of Business 21: Same
2a. Mailing Address 26: Same
4. FEI Number: 65-0639020
Suite, Apt. #, etc. 22: Suite 320
Suite, Apt. #, etc. 27: Suite 320
5. Certificate of Status Desired ☐ $8.75 Adc Fee Requ
City & State 23: Same
City & State 26: Same
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 M Added to
Zip 24: Same
Country 25: Same
Zip 29: Same
Country 30: Same
8. This corporation owes or has paid the current year Intan Personal Property Tax due June 30. ☐ Yes ☐

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: Ron Lusk
82 Street Address (P.O. Box Number Is Not Acceptable): 6245 N. FEDERAL HWY
83: #500
84 City: FT. LAUDERDALE FL 85 Zip Co: 33

11. Pursuant to the provisions of Sections 607 [illegible] and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or regist[illegible]nt, or both, in the [illegible] Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am [illegible] and accept t[illegible] section 607.0505, Florida Statutes.

SIGNATURE: [signature] President 9/22/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNHILL, JEFFREY A 6245 N. FEDERAL HIGHWAY #400 FT. LAUDERDALE FL 33308	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Ron Lusk 6245 N Fed. Hwy #500 Fort Laud, Fl 33308	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director De Williams, Jr. 6245 N Federal Hwy #500 Fort Laud, Fl 33308	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002652788 -09/30/98--01077--046 ***550.00	☐ Change LS 9-29

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 tha 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 u 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

[signature] President 9/22/98