

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90248 011 \*\*\*158.75

**DOCUMENT # P96000042862**

1. Corporation Name

**PROFESSIONAL HEALTHCARE STAFFERS INC.**



Principal Place of Business

6299 W. SUNRISE BLVD.  
SUITE 112  
SUNRISE FL 33313

Mailing Address

6299 W. SUNRISE BLVD.  
SUITE 112  
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

65-0689299

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ROBINSON, STENNETH A  
6845 LANDINGS DRIVE, #108  
LAUDERHILL FL 33319

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	ROBINSON, STENNETH A	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	6845 LANDINGS DRIVE, #108		
	LAUDERHILL FL 33319		
TITLE	NAME	2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Stenneth A. Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

(954) 733-4445

Daytime Phone #

CR2E034 (1/98)