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

FILED May 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000032489 (1) SURGICAL STAFFING SOLUTIONS, INC. Principal Place of Business Mailing Address 150 NORTHWEST 70TH AVENUE 150 NORTHWEST 70TH AVENUE SINTE 4 SHITE 4 DO NOT WRITE IN THIS SPACE **PLANTATION FL 33317** PLANTATION FL 33317 3. Date Incorporated or Qualified 04/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 81 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 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 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 obscinctions of Section 607 0505, Florida Statutes. 84 Section 607 0505, Florida alquios. required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change WINTERS, CABOL NAME 1.2 NAME 150 NW DOTAL AVE, STE 4 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33317 CITY-ST-7IP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change CARTER, JAMES NAME 2.2 NAME 150 NW 70TH AVE. STE 4 STREET ADDRESS 2 3 STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE PEABODY, DONNA NAME 3.2 NAME 150 NW 70TH AVE. STE 4 STREET ADDRESS 3.3 STREET ADDRESS **PLANTATION FL 33317** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change **BOYLAN, WAYNE** NAME 4 2 NAME 150 NW 70TH AVE, STE 4 4.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TiTLE

6 4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 supplied ental 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 officer or director of the o Block 12 or Block 13 if ch

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST ZIP

SIGNATURE:

NAME

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