FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am DOCUMENT # P98000016334 **Secretary of State** 1. Entity Name HEALTHCARE RESOURCE STAFFING ASSOCIATES, INC. 02-02-2001 90280 014 ***150.00 Principal Place of Business Mailing Address 1155 LOUISIANA AVE 1155 LOUISIANA AVE STE 206 STE 206 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business, 2431 Aloma 1 DO NOT WRITE IN THIS SPACE 4. FFI Number Applied For 59-3494143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANDALL, KIMBERLY D ddress (P.O. Box Number is Not Acceptable) 1155 LOUISIANA AVE STE 206 WINTER PARK FL 32789 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Delete TITLE TITLE NAME NAME RANDALL, KIMBERLY D 2431 AlomA AVE #145 STREET ADDRESS STREET ADDRESS 1155 LOUISIANA AVE # 206 Winter PARK, FL 32792 CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32789 TITLE Delete TITLE NAME NAME GRAVELY, SARA J STREET ADDRESS STREET ADDRESS 1155 LOUISIANA AVE STE #206 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete ☐ Change → ☐:Addition=== TITLE TITLE NAME FERRERI, MARY K NAME STREET ADDRESS STREET ADDRESS 1155 LOUISIANA AVE # 206 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition TITI E TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

SIGNATURE: MINIMATURE AND TYPED OR PRINTED IN AME OF SIGNING OFFICER OR DIRECTOR DELLA DEL