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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000072011			
1. Corporation Name NURSE STAFFING HOLDING, INC.			
Principal Place of Business 7100 S. HIGHWAY 17-92 FERN PARK FL 32730		Mailing Address 7100 S. HIGHWAY 17-92 FERN PARK FL 32730	
2. Principal Place of Business 21 933 LEE ROAD Suite, Apt. #, etc. 22 325 City & State 23 ORLANDO, FL Zip Country 24 32810 25 US		2a. Mailing Address 26 933 LEE RD Suite, Apt. #, etc. 27 325 City & State 28 ORLANDO, FL Zip Country 29 32810 30 US	
9. Name and Address of Current Registered Agent LOUGHRAN, LEO 180 TOLLGATE BRANCH LONGWOOD FL 32750		10. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 D BALDWIN, JOHN A 7100 S. HIGHWAY 17-92 FERN PARK FL 32730 <input checked="" type="checkbox"/> DELETE 2.1 PST BALDWIN, JOHN A 7100 S. HIGHWAY 17-92 FERN PARK FL 32730 <input checked="" type="checkbox"/> DELETE 3.1 <input type="checkbox"/> DELETE 4.1 <input type="checkbox"/> DELETE 5.1 <input type="checkbox"/> DELETE 6.1 <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D P 1.2 NAME LEO J. LOUGHRAN 1.3 STREET ADDRESS 180 TOLLGATE BRANCH 1.4 CITY-ST-ZIP LONGWOOD, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE D VP 2.2 NAME FELIX A. CRISTELLO 2.3 STREET ADDRESS 641 PK. VALLEY CIRCLE 2.4 CITY-ST-ZIP CLERMONT, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.1 TITLE D VP 3.2 NAME ALLEN C. GRISSOM 3.3 STREET ADDRESS 3100 UNIVERSITY BLVD. SOUTH, #332 3.4 CITY-ST-ZIP JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.1 TITLE D SIT 4.2 NAME NADINE LOUGHRAN 4.3 STREET ADDRESS 180 TOLLGATE BRANCH 4.4 CITY-ST-ZIP LONGWOOD, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

599-5600

Daytime Phone #

CR2E034 (11/98)