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Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S20506 (9)

1. Corporation Name  
HEALTH CARE STAFFING, INC.

Principal Place of Business Mailing Address  
10401 SW 121 ST 10401 SW 121 ST  
MIAMI FL 33176 MIAMI FL 33176-4753



3. Date Incorporated or Qualified 12/21/1990 3a. Date of Last Report 09/24/1996

2. Principal Place of Business 2a. Mailing Address  
21 12942 SW 133 Court 26 12942 SW 133 Court  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
23 MIAMI FL 28 MIAMI FL

24 33186-5806 25 U.S.A. 29 33186-5806 30 USA

4. FEI Number 65-0238404 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BREWER, DWIGHT R  
10401 SW 121 ST.  
MIAMI FL 33176

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 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	BREWER, DWIGHT R.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	10401 SW 121 ST			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33176			2.1 TITLE		2.2 NAME	
TITLE	DS	NAME	BREWER, DEBRA	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS	10401 SW 121 ST			3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	MIAMI FL 33176			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dwight R. BREWER 2-21-97 305-259-8860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)