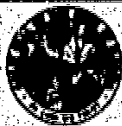


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V47564 (2)

1. Corporation Name

HSSI TRAVEL NURSE OPERATIONS, INC.

Principal Place of Business

6245 N FEDERAL HIGHWAY  
SUITE 500  
FT. LAUDERDALE FL 33308

Mailing Address

6245 N FEDERAL HIGHWAY  
SUITE 500  
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0341844

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

7. This corporation has liability for intangible tax under S. 100.022,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

400

City & State

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

400

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PEARLMAN, CHARLES B.  
700 SE THIRD AVENUE  
SUITE 300  
FT. LAUDERDALE FL 33318

10. Name and Address of New Registered Agent

81

Name

SCOTT KOEGLER

82

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

6245 N FEDERAL HWY # 400

83

84

City

FT LAUDERDALE

FL

85

Zip Code

33308

11. Pursuant to the provisions of Sections 607.0592 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.

SCOTT KOEGLER, ASST SECTY

04-11-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD

CASS, RONALD A

6245 NORTH FEDERAL HWY #500

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

LECHNER, BRIAN M

6245 NORTH FEDERAL HWY #500

FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPS

MARMORSTEIN, WARREN, A

6245 N. FEDERAL HWY. #500

FT. LAUDERDALE FL 33308

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

PEARLMAN, CHARLES B

700 SE THIRD AVE #300

FT. LAUDERDALE FL 33318

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

FOEGLEA, SCOTT

6245 N. FEDERAL HWY. #500

FT. LAUDERDALE FL 33308

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

# 400

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

DELETE

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

# 400

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

200 E LAS OLAS BLVD #1900

4.4 CITY - ST - ZIP

FT LAUDERDALE FL 33301

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

# 400

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT KOEGLER, ASST SECTY

04-11-95 (305) 771-2500

Date

Daytime Phone #