FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # V47564   (2)

1. Corporation Name

HSSI TRAVEL NURSE OPERATIONS, INC.

Principal Place of Business	Mailing Address
6245 N FEDERAL HIGHWAY STE 400 FT. LAUDERDALE FL 33308 US	6245 N FEDERAL HIGHWAY STE 400 FT. LAUDERDALE FL 33308 US

3. Date Incorporated or Qualified	3a. Date of Last Report
07/01/1992	04/26/1995

2. Principal Place of Business **[21]**	2a. Mailing Address **[26]**	4. FEI Number **65-0341844**	Applied For / Not Applicable
Suite, Apt. #, etc **[22]**	Suite, Apt. #, etc. **[27]**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **[23]**	City & State **[28]**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **[24]** / Country **[25]**	Zip **[29]** / Country **[30]**	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOEGLER, SCOTT 6245 N FED HWY STE 400 FT. LAUDERDALE FL 33308	**81** Name: *BOBBY SHIELDS* **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 607.0502 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 _____ *BOBBY SHIELDS, SECTY*   *04-11-96* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PTD** NAME **CASS, RONALD A** STREET ADDRESS **6245 N FED HWY #400** CITY-ST-ZIP **FT. LAUDERDALE FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VPS** NAME **MARMORSTEIN, WARREN, A** STREET ADDRESS **6245 N FED HWY #400** CITY-ST-ZIP **FT. LAUDERDALE FL**	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **AS** NAME **PEARLMAN, CHARLES B** STREET ADDRESS **200 E LAS OLAS BLVD #1900** CITY-ST-ZIP **FT. LAUDERDALE FL**	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **AS** NAME **KOEGLER, SCOTT** STREET ADDRESS **6245 N FED HWY #400** CITY-ST-ZIP **FT. LAUDERDALE FL**	☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE *SECRETARY* 5.2 NAME *BOBBY L SHIELDS* 5.3 STREET ADDRESS *6245 N FEDERAL HWY #400* 5.4 CITY-ST-ZIP *FT LAUDERDALE FL 33304*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 119.07(3)(k), 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: _____   *04-10-96* DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOBBY SHIELDS, SECTY

CR2E034 (12/95)