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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

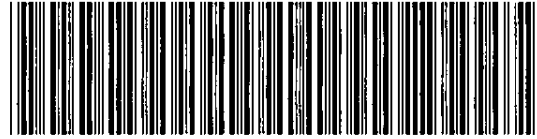
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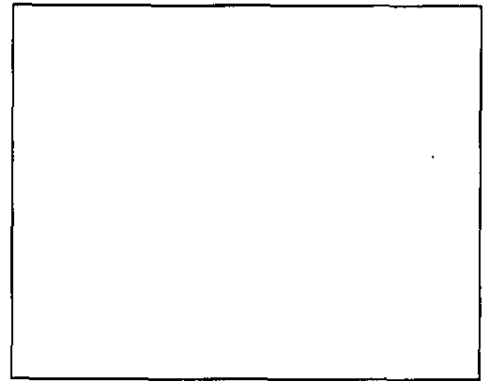
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04/18/08--01010--010 **70.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.
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WALK-IN

ENTITY NAME:

1. PROS TEMPORARY STAFFING, INC.

CK# 3262

AMOUNT \$70.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

CERTIFIED COPY

STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROS TEMPORARY STAFFING, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pros Temporary Staffing, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 36-4339784
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 13, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20 Burton Hills Boulevard, Suite 100, Nashville TN, 37215
(Principal office address)

20 Burton Hills Boulevard, Suite 100, Nashville TN, 37215
(Current mailing address)

8. To own and operate hospitals and other healthcare related businesses
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 2731 Executive Park Dr., Ste 4
Weston, Florida 33331
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

Eileen Chaddock

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: (see attached)

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: (see attached)

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Ronald P. Soltman, Executive Vice President

(Typed or printed name and capacity of person signing application)

**DIRECTORS & OFFICERS
PROS TEMPORARY STAFFING, INC.**

Directors:

Deborah T. McCormick
Ronald P. Soltman
James H. Spalding

Officers:

Charles N. Martin, Jr.
Joseph D. Moore
Keith B. Pitts
Phillip W. Roe
Ronald P. Soltman
Kent H. Wallace
Dan F. Ausman
Reginald M. Ballantyne III
Bruce F. Chafin
Karen Flinn
James Johnston
Joseph Mullany
Harold H. Pilgrim, III
James H. Spalding

Alan G. Thomas
Thomas M. Ways
Deanna L. Wise
Kelvin M. Ault
Carol A. Bailey
Harold K. Bandy
Monica L. Bowman
Richard W. Brasher
Pamela R. Farrell
John M. Geer
Robert J. Gillesby, M.D.
Dennis K. Jacobs
Victor S. Jordon
Deborah W. Larios
Brian Lemon
John R. McCaslin
Deborah T. McCormick
Elizabeth B. Minkoff
Jerry D. Pressley
Anne L. Sanford
Judy Schueler
Alan J. Smith
Neil M. Somaney
Davis W. Turner

President & CEO
Executive Vice President
Executive Vice President
Executive Vice President, CFO, Chief Accounting Officer & Treasurer
Executive Vice President, General Counsel & Secretary
Executive Vice President & COO
Senior Vice President-Operations
Senior Vice President-Market Strategy & Government Relations
Senior Vice President-Compliance & Ethics
Senior Vice President-Physician & Ambulatory Services
Senior Vice President-Human Resources
Senior Vice President-Operations
Senior Vice President-Operations
Senior Vice President, Assistant General Counsel
& Assistant Secretary
Senior Vice President-Operations Finance
Senior Vice President-Managed Care
Senior Vice President-Chief Information Officer
Vice President-Tax
Vice President-Reimbursement
Vice President-Information Technology
Vice President-Physician Services
Vice President-Risk Management
Vice President-Health Information Management
Vice President-Development
Chief Medical Officer (Chicago Market)
Vice President-Facilities Development
Vice President-Regional Financial Operations Controller
Vice President, Assistant General Counsel & Assistant Secretary
Vice President-Operations
Vice President-Internal Audit
Vice President, Assistant General Counsel & Assistant Secretary
Vice President, Assistant General Counsel & Assistant Secretary
Vice President-Regional Financial Operations Controller
Vice President-Development
Vice President-Workforce Development
Vice President-Applications
Vice President-Business Office Services
Vice President, Assistant General Counsel & Assistant Secretary

File Number 6086-116-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PROS TEMPORARY STAFFING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0809402200

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of APRIL A.D. 2008

Jesse White

SECRETARY OF STATE