

F08000001752 (1/3)
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000237419 3))



H130002374193ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
13 OCT 25 PM 4:59
FILED

REGISTERED AGENT CHANGE
PROS TEMPORARY STAFFING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
13 OCT 25 AM 9:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RA Chang

Electronic Filing Menu Corporate Filing Menu Help

10-28-13
10/25/2013
Dr

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROS TEMPORARY STAFFING, INC.
Name of Corporation

DOCUMENT NUMBER: F08000001752

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

KATHY CONNELL
Name of Contact Person
TENET HEALTHCARE CORPORATION
Firm/Company
1445 ROSS AVENUE, SUITE 1400
Address
DALLAS, TX 75202
City/State and Zip Code
Glonda.stewart@tenethealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Frederick at 214 932-3685
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR20045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PROS TEMPORARY STAFFING, INC.
- 2. The principal office address: 1445 Ross Avenue, Suite 1400, Dallas, TX 75202
- 3. The mailing address (if different): 1445 Ross Avenue, Suite 1400, Dallas, TX 75202
- 4. Date of incorporation/qualification: 11/09/1998 Document number: F08000001752
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.
1200 South Pine Island Road
Plantation, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

13 OCT 25 PM 4:59
 RECEIVED
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jeffrey S. McFall
 Signature of an officer or director

Jeffrey S. McFall, Secretary
 Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
[Signature]
 Signature of Registered Agent

10/23/2013
 Date

If signing on behalf of an entity:

 Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (03/12)