

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90194 001 ***150.00

DOCUMENT # F93000000278

1. Corporation Name

COMPHEALTH MEDICAL STAFFING, INC.

Principal Place of Business

1 HEALTHSOUTH PKWY
BIRMINGHAM AL 35243
US

Mailing Address

P.O. BOX 380546
BIRMINGHAM AL 35238
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1993

4. FEI Number

87-0502658

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4021 South 700 East

Suite, Apt. #, etc.

22 300

City & State

23 Salt Lake City, UT

Zip

Country

24 84107

25 USA

2a. Mailing Address

26 P.O. Box 57915

Suite, Apt. #, etc.

27

City & State

28 Salt Lake City, UT

Zip

Country

29 84157-0915

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SCRUSHY, RICHARD
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE V ☐ DELETE

NAME WARRICK, DOUG
STREET ADDRESS 8801 HORIZON BLVD. NE.
CITY-ST-ZIP ALBUQUERQUE NM 87113

TITLE S ☒ DELETE

NAME HORTON, BILL
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE T ☒ DELETE

NAME MARTIN, MIKE
STREET ADDRESS 1 HEALTHSOUTH PKWY
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director ☐ Change ☒ Addition

1.2 NAME Michael Weinholtz
1.3 STREET ADDRESS 4021 South 700 East Suite 300
1.4 CITY-ST-ZIP Salt Lake City, UT 84107

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4021 South 700 East Suite 300
2.4 CITY-ST-ZIP Salt Lake City, UT 84107

3.1 TITLE Treasurer, Secretary ☐ Change ☒ Addition

3.2 NAME Sean Dailey
3.3 STREET ADDRESS 4021 South 700 East Suite 300
3.4 CITY-ST-ZIP Salt Lake City, UT 84107

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME Thomas C. Barnds
4.3 STREET ADDRESS 22 Chambers Street
4.4 CITY-ST-ZIP Princeton, NJ 08543

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME C. Sage Givens
5.3 STREET ADDRESS 101 California Street Suite 3160
5.4 CITY-ST-ZIP San Francisco, CA 94111

6.1 TITLE Director ☐ Change ☒ Addition

6.2 NAME Charles Linehan
6.3 STREET ADDRESS 2490 Sand Hill Road
6.4 CITY-ST-ZIP Menlo Park, CA 94025

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Doug Warrick Vice Pres 2/24/99 801-284-6929

CR2E034 (1/98)