

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000278

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** CHG MEDICAL STAFFING, INC.

**Current Principal Place of Business:**

6440 SOUTH MILLROCK DR, SUITE 175  
SALT LAKE CITY, UT 84121 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 713100  
ATTN: TAX DEPT  
SALT LAKE CITY, UT 841713100 US

**New Mailing Address:**

**FEI Number:** 87-0502658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WEINHOLTZ, MICHAEL  
**Address:** 6440 S MILLROCK DR STE 175  
**City-St-Zip:** SALT LAKE CITY, UT 84121

**Title:** V  
**Name:** WARRICK, DOUG  
**Address:** 6440 S MILLROCK DR STE 175  
**City-St-Zip:** SALT LAKE CITY, UT 84121

**Title:** TSV  
**Name:** DAILEY, SEAN  
**Address:** 6440 S MILLROCK DR STE 175  
**City-St-Zip:** SALT LAKE CITY, UT 84121

**Title:** DC  
**Name:** CANNIZZARO, MICHAEL  
**Address:** 1531 SOUTH TELEGRAPH RD  
**City-St-Zip:** LAKE FOREST, IL 60045

**Title:** DC  
**Name:** CHILDS, JOHN  
**Address:** 1000 WINTER STREET - SUITE 4300  
**City-St-Zip:** WALTHAM, MA 02451

**Title:** D  
**Name:** FIORENTINO, DAVID  
**Address:** 1000 WINTER STREET - SUITE 4300  
**City-St-Zip:** WALTHAM, MA 02451

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DOUG WARRICK

VP

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date