FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:36

DOCUMENT # P15746 (1)

1. Corporation Name
NURSEFINDERS, INC.

Principal Place of Business	Mailing Address
1200 COPELAND RD..#200 ARLINGTON TX 76011	1200 COPELAND RD..#200 ARLINGTON TX 76011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1987
3a. Date of Last Report: 03/02/1994
4. FEI Number: 75-1473273 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	LONCHARICH, TIM	1.2 NAME	Richard L. Pegnanton
STREET ADDRESS	1002 SADDLEBROOK	1.3 STREET ADDRESS	1200 Copeland Rd., Suite 200
CITY-ST-ZIP	COLLEYVILLE TX	1.4 CITY-ST-ZIP	Arlington, TX. 76011
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	OSTMAN, NEAL	2.2 NAME	
STREET ADDRESS	1104 TINKER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEYVILLE TX	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROWBERRY, JON	3.2 NAME	
STREET ADDRESS	19177 BROOKVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	DRUDGE, EDWARD P	4.2 NAME	
STREET ADDRESS	3720 ONE FIRST UNION CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE SC	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	CORBIN, KEITH	5.2 NAME	
STREET ADDRESS	64 WILLOW PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	PENFIELD, DOREEN	6.2 NAME	
STREET ADDRESS	13190 VIA BLANC CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Neal Ostman 1-24-95 (817) 460-1181
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0074761