

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006089

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC4020907722**

**Entity Name:** USHEALTH CAREER AGENCY, INC.

**Current Principal Place of Business:**

300 BURNETT STREET, SUITE 200  
FT WORTH, TX 76102

**Current Mailing Address:**

300 BURNETT STREET, SUITE 200  
FT WORTH, TX 76102 US

**FEI Number: 75-2192748**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title PCD  
Name MCQUAGGE, TROY A  
Address 300 BURNETT STREET, SUITE 200  
City-State-Zip: FT WORTH TX 76102

Title CEO  
Name MCQUAGGE, TROY A  
Address 300 BURNETT STREET, SUITE 200  
City-State-Zip: FT WORTH TX 76102

Title SVPT  
Name KOENIG, CYNTHIA B  
Address 300 BURNETT STREET, SUITE 200  
City-State-Zip: FT WORTH TX 76102

Title VPS  
Name WHITE, JAMES RJR  
Address 300 BURNETT STREET, SUITE 200  
City-State-Zip: FT WORTH TX 76102

*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: CYNTHIA B KOENIG**

**SVPT**

**04/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date