

B95000000105

Sun Healthcare Group

Sun Healthcare Group, Inc. 101 Sun Avenue NE
Albuquerque, NM 87109
505.821.3355
Fax 505.828.0944
www.sunh.com

January 13, 2000

Sender's direct dial number:
(505) 858-4713

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: HSR Partners, Limited Partnership

Ladies and Gentlemen:

Enclosed for filing on behalf of the above-referenced limited partnership are the original and one copy of a Certificate of Amendment to Application for Registration. Also enclosed is the \$52.50 filing fee. Please send confirmation of the filing to my attention as follows:

Marjorie Porter
Sun Healthcare Group, Inc.
101 Sun Avenue NE
Albuquerque, NM

If you have any questions, please contact me at the number indicated above. Thank you.

Sincerely,

Marjorie Porter

Marjorie Porter
Paralegal

Enclosures

F:\DATA\LEGAL\IMPORTER\CORRESP\NFL DeptState.doc

FILED
00 JAN 13 PM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtw

1/21

900003101919--4
-01/19/00--01006--007
*****52.50 *****52.50

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

HSR PARTNERS, LIMITED PARTNERSHIP

(Insert name currently on file with Florida Dept. of State)

095-165

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

The name and address of the General Partner of the limited partnership is:

CareerStaff Management, Inc.
101 Sun Avenue NE
Albuquerque, New Mexico 87109

F94-5906

Michael Berg

(Signature of a General Partner)

CareerStaff Management, Inc., General Partner, by
Michael T. Berg, Secretary

(Typed or printed name of General Partner signing above)

FILED
00 JAN 19 PM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW MEXICO

COUNTY OF BERNALILLO

On this 12th day of January, 2000, Michael T. Berg personally appeared before me,



who is personally known to me



whose identity I proved on the basis of _____

Marjorie F. Porter

(Notary Public Signature)

Marjorie F. Porter

(Notary's Printed Name)

Seal

My Commission Expires:
November 27, 2002