

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # F01000000098 1. Entity Name PROGRESSIVE NURSING TRAVEL, INC.					
Principal Place of Business 7001 KILWORTH LANE SPRINGFIELD, VA 22151-3900			Mailing Address 7001 KILWORTH LANE SPRINGFIELD, VA 22151-3900		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 54-1991232	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Brian Courtney Asst. V. Pres </div> <div style="width: 20%; text-align: right;"> DATE 11/1/04 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, JOHN G <input type="checkbox"/> Delete 1204 S. WASHINGTON STREET, APT 411W ALEXANDRIA, VA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HUGHES, JOHN GARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 15TH ST SOUTH #1608 ARLINGTON VA 22202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD NARRON, JAMES <input type="checkbox"/> Delete 103 BOYDTON PLANK DRIVE STEPHENS CITY, VA. 22655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042395345 11/02/04--01029--007 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE JAMES NARRON V.P. 10/25/04 703 755 3991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					