

FD 200000 4604

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Resources for Nurses, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pam Haden

(Name of Person)

Professional Resources for Nurses, Inc

(Firm/Company)

P.O. Box 10156

NURSES, INC

(Address)

Enid, OK 73706

000007349050--0

-08/26/02--01091--010

*****70.00 *****70.00

(City/State and Zip code)

For further information concerning this matter, please call:

Pam Haden

(Name of Person)

at

(580) 233-5999

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

789,644,671

W02-24829
N86

02 SEP - 9 AM 8:48
TALLAHASSEE, FLORIDA

9/10 nest



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

August 27, 2002

PAM HADEN
PO BOX 10156
ENID, OK 73706

SUBJECT: PROFESSIONAL RESOURCES FOR NURSES, INC.
Ref. Number: W02000024829

We have received your document for PROFESSIONAL RESOURCES FOR NURSES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 002A00049977

02 SEP -9 AM 8:48
TALLAHASSEE, FLORIDA
FBI

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Professional Resources for Nurses, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Oklahoma 3. 73-1515906
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-11-97 5. 2047
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.))
7. 402 G Oakwood Rd, Enid, OK 73701
(Principal office address)
P.O. Box 10156 Enid, OK 73706
(Current mailing address)
8. staff hospitals with RN & LPN nurses on an "as needed" basis
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation
Office Address: 1200 S Pine Island Rd
Plantation, Florida 33324
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
see: attached letter
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
02 SEP -9 AM 8:48
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Terry Cooper

Address: 3726 Whippoorwill Lane, Enid, OK 73703

~~SEC/Treas~~ Vice President: Teresa Ether

Address: 3568 McClafflin, Enid, OK 73701

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Terry Cooper
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Terry Cooper, President
(Typed or printed name and capacity of person signing application)

ACCEPTANCE OF APPOINTMENT

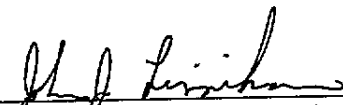
RE: **Professional Resources for Nurses, Inc.**

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: June 18, 2001

C T CORPORATION SYSTEM

By 
John J. Linnihan, Asst. Vice President

02 SEP -9 AM 8:49
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING
DOMESTIC CORPORATION

I THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that PROFESSIONAL RESOURCES FOR NURSES, INC., is a corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Oklahoma at the City of Oklahoma City, this
15th day of July, 2002.

Mike Hunter
Secretary of State

By: *Pat Coats*