

F05000002570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

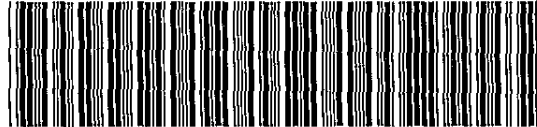
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200059390362

09/13/05--01028--019 **35.00

Done

FILED
05 SEP 13 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 SEP 13 PM 1:41
TALLAHASSEE, FLORIDA

*OK
9/14/05*

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 09/13/2005

REF. #: 000380.42227

CORP. NAME: NURSES PRN ACQUISITION CORP.

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☒ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 514169 **FOR \$** 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| ☐ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☒ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

RECEIVED
SEP 13 PM 3:37
TALLAHASSEE, FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

F05000002570

(Document number of corporation (if known))

1. Nurses PRN Acquisition Corp.

(Name of corporation as it appears on the records of the Department of State)

2. Nevada

(Incorporated under laws of)

3.04/28/2005

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 09/09/2005

5. NURSES ONSITE CORP.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Brajnandan B. Sahay

(Typed or printed name of person signing)

9/2/05
(Date)

(Date

President

(Title of person signing)

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on September 9, 2005, a Certificate of Amendment to its Articles of Incorporation changing the name to **NURSES ONSITE CORP.**, was filed in this office by **NURSES PRN ACQUISITION CORP.**. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 12, 2005.

A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script, reading "Curton".

Certification Clerk

