Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: {850}878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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, TV.

REGISTERED AGENT CHANGE PROS TEMPORARY STAFFING, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO:	Amendment Section Division of Corporations			
euo i	PROS TEMPORARY STAFFING, INC.			
2003	Name of Corporation			
DOCI	F08000001752			
The er	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
	e return all correspondence concerning this matter to the following:			
1 10000	o long if the consequence and activities are managed and activities.			
	KATHY CONNELL			
Name of Contact Person				
TENET HEALTHCARE CORPORATION				
Firm/Company				
	1445 ROSS AVENUE, SUITE 1400			
Address				
DALLAS, TX 75202				
City/State and Zip Code				
· · · · · · · · · · · · · · · · · · ·				
	Glonda.stewart@tenethealth.com			
	E-mail address: (to be used for future annual report notification)			
For fu	urther information concerning this matter, please call:			
Sara P	Prederick 214 932-3685			
	Name of Contact Person at () Area Code & Daytime Telephone Num	ber		
Enclo	osed is a \$35.00 check made payable to the Department of State.			
	Malling Address: Amendment Section Street Address: Amendment Section			
	Division of Corporations Division of Corporations			
	P.O. Box 6327 Clifton Building			
	Tallahassee, FL 32314 2661 Executive Center Circle			

CR2E045 (03/12)

PLODE - 05/20/2013 William Khover Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, i statement of change is submitted for a corporation organized under the laws of the State of Hinois	his	
in order to change its registered office or registered agent, or both, in the State of Florida.		
I. The name of the corporation: PROS TEMPORARY STAFFING, INC.	· · · · · · · · · · · · · · · · · · ·	
2. The principal office address: 1445 Ross Avenue, Suite 1400, Dallas, TX 75202		
3. The mailing address (if different): 1445 Ross Avenue, Suite 1400, Dallas, TX 75202		
4. Date of incorporation/qualification: 11/09/1998 Document number: F08000001752		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State; (If resigned, enter resigned)		
NRAI SERVICES, INC.		
1200 South Pine Island Road		
Plantation, FL 33324	ಪ್ರ ಪ	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	eci 2	
C T Corporation System	Same OI	
c/o C T Corporation System, 1200 South Pine Island Road		
P.O. Box NOT acceptable Plantation, Florida 33324	3	
The street address of its registered office and the street address of the business office of its register as changed will be identical.	ed agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	>	
Jeffrey S. McFall, Secretary Printed or typed name and title		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to coniply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and occept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
By: CT Corporation System By: 10/83/2013 Signature of Registrated Agent Date		
If signing on behalf of an entity:		
Typod or Printed Name		
* * * FILING FEE: \$35.00 * * *		
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)		