FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000278 (2)**

1. Corporation Name

COMPHEALTH MEDICAL STAFFING, INC.

Principal Place of Business

4021 SOUTH 700 EAST
SUITE 300
SALT LAKE CITY UT 84107
US

Mailing Address

PO BOX 715
SUITE 300
MECHANICSBURG PA 17055
US

3. Date Incorporated or Qualified: 01/21/1993

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 6001 Indian School Road
Suite, Apt. #, etc.
27
City & State
28 Albuquerque, NM
Zip 29 87110 Country 30 US

4. FEI Number: 87-0502658 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	[ ] DELETE
NAME	CHINN, TERRI	
STREET ADDRESS	4021 S. 700 EAST	
CITY-ST-ZIP	SALT LAKE CITY UT 84107	
TITLE	P	[ ] DELETE
NAME	POORE, JEFFREY F	
STREET ADDRESS	4021 S. 700 EAST	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	T	[XX] DELETE
NAME	LEHMAN, DENNIS L	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	S	[XX] DELETE
NAME	WELSH, DEBORAH M	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VP	[X] DELETE
NAME	NATION, DAVID G	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VPAS	[ ] DELETE
NAME	TARVIN, MICHAEL E	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Treasurer	[ ] Change [XX] Addition
32 NAME	Ernest A. Schofield	
33 STREET ADDRESS	6001 indian School Road	
34 CITY-ST-ZIP	Albuqeruque, NM 87110	
41 TITLE	Secretary	[ ] Change [XX] Addition
42 NAME	Scot Sauder	
43 STREET ADDRESS	6001 Indian School Road	
44 CITY-ST-ZIP	Albuquerque, NM 87110	
51 TITLE	Director	[ ] Change [X] Addition
52 NAME	Neal M. Elliott	
53 STREET ADDRESS	6001 Indian School Road	
54 CITY-ST-ZIP	Albuquerque, NM 87110	
61 TITLE	Vice President only	[XX] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this annual report, if any, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached amendment, or no officers

SIGNATURE: Michael E. Tarvin 3/1/96 (717) 790-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President

DATE _____ DAYTIME PHONE NUMBER _____

CR2E034 (12/95)