

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000278

FILED
Apr 18, 2011
Secretary of State

Entity Name: CHG MEDICAL STAFFING, INC.

Current Principal Place of Business:

6440 SOUTH MILLROCK DR, SUITE 175
SALT LAKE CITY, UT 84121 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 713100
ATTN: TAX DEPT
SALT LAKE CITY, UT 841713100 US

New Mailing Address:

FEI Number: 87-0502658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WEINHOLTZ, MICHAEL
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

Title: V
Name: WARRICK, DOUG
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

Title: TSV
Name: DAILEY, SEAN
Address: 6440 S MILLROCK DR STE 175
City-St-Zip: SALT LAKE CITY, UT 84121

Title: DC
Name: CANNIZZARO, MICHAEL
Address: 1531 SOUTH TELEGRAPH RD
City-St-Zip: LAKE FOREST, IL 60045

Title: DC
Name: CHILDS, JOHN
Address: 111 HUNTINGTON AVENUE SUITE 2900
City-St-Zip: BOSTON, MA 021997610

Title: D
Name: FIORENTINO, DAVID
Address: 111 HUNTINGTON AVENUE SUITE 2900
City-St-Zip: BOSTON, MA 021997610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUG WARRICK

VP

04/18/2011

Electronic Signature of Signing Officer or Director

Date