

F93000000278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

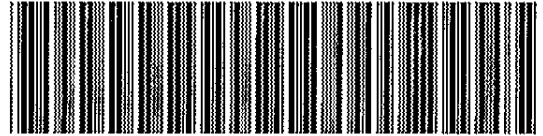
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2002 DEC 18 PM 4:02

FA Change

1/3/03

DC

US CorpWorks Inc.
An Operating Affiliate of NRAI
3500 East 17th Avenue
Denver, CO 80206
888.967.5799 Fax 303.393.8900
stillapaugh@uscorpworks.com

December 9, 2002

Via US Mail

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: CompHealth Medical Staffing, Inc.
CompHealth, Inc.
CompHealth Associates, Inc.
Weatherby Locums, Inc.

Dear Madam/Sir:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Agent

Please call the toll-free number listed above if for any reason the filings can not be made.

Thank you for your time and consideration in this matter

Sincerely,


Sabrina Tillapaugh

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CompHealth Medical Staffing, Inc.
(Name of corporation)

DOCUMENT NUMBER: F9300000278

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabrina Tillapaugh
(Name of person)

US CorpWorks Inc.
(Name of firm/company)

3500 East 17th Avenue
(Address)

Denver, CO 80206
(City/state and zip code)

For further information concerning this matter, please call:

Sabrina at (303) 393.8800
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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,
this statement of change is submitted for a corporation organized under the laws of the State of
Delaware in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: CompHealth Medical Staffing, Inc.
2. The principal office address: 4021 South 700 East, Suite 300, Salt Lake City, UT 84107
3. The mailing address (if different): PO Box 57915, Attn: Tax Department, Salt Lake City, UT 84107

4. Date of incorporation/qualification: January 21, 1993 Document number: F93000000278

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office
changed):

NRAI Services, Inc.

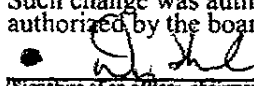
526 East Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

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.


(Signature of an officer, chairman or vice chairman of the board)

Doug Warrick, Vice President

(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 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 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.*

December 10th, 2002

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Michael Mirrione, Assistant Secretary

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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