



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90016 021 ***150.00

DOCUMENT # F96000001355					
1. Entity Name STARMED HEALTH PERSONNEL INC.					
Principal Place of Business 7733 FORSYTH BLVD SUITE 1700 SAINT LOUIS, MO 63105			Mailing Address ATTN: AISHA WHITE 7733 FORSYTH BLVD SUITE 1700 SAINT LOUIS, MO 63105		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 18 West 140 Butterfield Rd Suite 600			
City & State		City & State Oakbrook Terrace, IL		04202004 Chg-P CR2E034 (10/03)	
Zip	Country	Zip 60180	Country	4. FEI Number 59-3297579	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, TODD 35 NEW ENGLAND BUSINESS CTR STE 260 ANDOVER, MA 01810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Ralph J. Friedmann III 18 West 140 Butterfield Rd. Ste. 600 Oakbrook Terrace, IL 60180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHORT, JOHN 2120 SOUTH 1300 EAST STE 301 SALT LAKE CITY, UT 84106 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Short 2120 South 1300 East Ste. 301 Salt Lake City, UT 84106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTA BOGAVICH, MARK 7733 FORSYTH BLVD STE 1700 SAINT LOUIS, MO 63105 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/AS Kip Weatherwax 18 West 140 Butterfield Rd. Ste. 600 Oakbrook Terrace, IL 60180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF GERMANECE, VINCE 940 KIMSWICK MANOR LANE BALLWIN, MO 63011 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/CFO/CIO Jim Froisland 18 West 140 Butterfield Rd. Ste. 600 Oakbrook Terrace, IL 60180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHADEGG, LAURIE 600 CORT CALMO SAN CLEMENTE, CA 92673 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Walter S. Jin 520 Madison Avenue 41st Floor New York, NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/15/04 Date Daytime Phone #		