



CAPITOL CORPORATE SERVICES, INC.

F 96000004298

November 7, 2000

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-11/13/00--01088--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

FLORIDA DEPARTMENT OF STATE  
Corporation Section  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: NURSEFINDERS MANAGEMENT CORPORATION

FILED  
00 NOV 13 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 6793 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

*D. Case*

Delanie Case

enclosures

OM  
F96000004298  
208 RME  
11-13-00

**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, the undersigned corporation organized under the laws of the State of Texas submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: NURSEFINDERS MANAGEMENT CORPORATION
2. The mailing address of the corporation is: P.O. Box 201946, Arlington, Tx 76006
3. Date of incorporation/qualification: 08-22-96 Document number: F96000004298
4. The name and address of the current registered agent and office:

NRAI Services, Inc.  
526 East Park Avenue  
Tallahassee, FL 32301

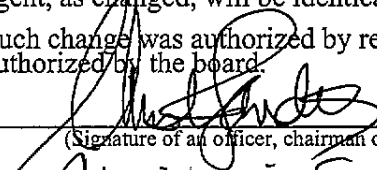
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Capitol Corporate Services, Inc.  
1333 North Duval St.  
Tallahassee, FL 32303

**FILED**  
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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

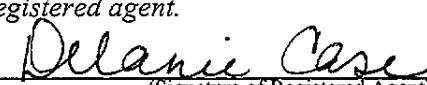
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

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

11/1/00  
(Date)

Christina Sandens  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

  
(Signature of Registered Agent)

11-7-00  
(Date)

If signing on behalf of an entity:

Delanie Case

(Typed or Printed Name)

Asst. Sec.

(Capacity)

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