2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90046 005 ***150.00

752790

DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000004298

1. Entity Name
NURSEFINDERS MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
~~1301 SOUTH BOWEN ROAD, SUITE~~ 335 ~~ARLINGTON TX 76013~~	~~PO BOX 13767~~ ~~ARLINGTON TX 76094~~

2. Principal Place of Business	3. Mailing Address
2201 Brookhollow	PO Box 201946
Suite, Apt. #, etc. #450	Suite, Apt. #, etc.
City & State Arlington TX	City & State Arlington TX
Zip 76006 Country TARRANT	Zip 76006 Country TARRANT

4. FEI Number 75-2231367 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES INC 526 EAST PARK AVENUE TALLAHASSEE FL 32301	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

~~FILE NOW!!! FEE IS $150.00~~
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SANDERS, CHRIS STREET ADDRESS 1301 SOUTH BOWEN ROAD, SUITE 335 CITY-ST-ZIP ARLINGTON TX 76013	☐ Delete	TITLE NAME STREET ADDRESS 2201 Brookhollow Plaza Dr #450, CITY-ST-ZIP Arlington, TX 76006	☑ Change ☐ Addition
TITLE VSTD NAME CARR, SHARON R STREET ADDRESS 1301 SOUTH BOWEN ROAD, SUITE 335 CITY-ST-ZIP ARLINGTON TX 76013	☐ Delete	TITLE NAME STREET ADDRESS 2201 Brookhollow Plaza Dr #450 CITY-ST-ZIP Arlington, TX 76006	☑ Change ☐ Addition
TITLE VC NAME RAINS, THEODORE M STREET ADDRESS 1301 SOUTH BOWEN ROAD, SUITE 335 CITY-ST-ZIP ARLINGTON TX 76013	☑ Delete	TITLE NAME Larry Carr, CEO STREET ADDRESS 2201 Brookhollow Plaza Dr #450 CITY-ST-ZIP Arlington, TX 76006	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 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 Date Daytime Phone #

CR2E034 (10/00)