2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # F96000004298

1. Entity Name
NURSEFINDERS MANAGEMENT CORPORATION

752790

DO NOT WRITE IN THIS SPACE

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 2201 Brookhollow #450 Suite, Apt. #, etc. City & State Arlington TX Zip 76006 Country TARRANT	3. Mailing Address PO Box 201946 Suite, Apt. #, etc. City & State Arlington TX 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANDERS, CHRIS 1301 SOUTH BOWEN ROAD, SUITE 335 ARLINGTON TX 76013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2201 Brookhollow Plaza Dr #450, Arlington, TX 76006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD CARR, SHARON R 1301 SOUTH BOWEN ROAD, SUITE 335 ARLINGTON TX 76013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2201 Brookhollow Plaza Dr #450 Arlington, TX 76006
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC RAINS, THEODORE M 1301 SOUTH BOWEN ROAD, SUITE 335 ARLINGTON TX 76013	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition VARRY CARR, CEO 2201 Brookhollow Plaza Dr #450 Arlington, TX 76006
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

CR2E034 (10/00)

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 #