

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sand B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004422 (9)

1. Corporation Name

PROFESSIONAL THERAPY STAFFING, INC.



Principal Place of Business

4021 S. 700 EAST, SUITE 300
SALT LAKE CITY UT 84107

Mailing Address

4021 S. 700 EAST, SUITE 300
SALT LAKE CITY UT 84107-2184

2. Principal Place of Business

21 6001 INDIAN SCHOOL RD NE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 30278
Suite, Apt. #, etc.

22 City & State

23 ALB., NM 87110
Zip Country

27 City & State

28 ALB., NM 87190
Zip Country

24 87110

25 USA

29 87190

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

08/27/1996

3a. Date of Last Report

4. FEI Number

38-2767067

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
CEO	ELLIOTT, NEAL M	4021 S. 700 EAST, SUITE 300	SALT LAKE CITY UT 84107	<input type="checkbox"/>
P	SLAYTER, CHRIS	4021 S. 700 EAST, SUITE 300	SALT LAKE CITY UT 84107	<input type="checkbox"/>
CFO	VINCHUR, BRIAN	4021 S. 700 EAST, SUITE 300	SALT LAKE CITY UT 84107	<input checked="" type="checkbox"/>
V	GONZALES, CHARLES H	4021 S. 700 EAST, SUITE 300	SALT LAKE CITY UT 84107	<input type="checkbox"/>
V	SCHOFIELD, ERNEST A	4021 S. 700 EAST, SUITE 300	SALT LAKE CITY UT 84107	<input type="checkbox"/>
VS	SAUDER, SCOT	4021 S. 700 EAST, SUITE 300	SALT LAKE CITY UT 84107	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles H. Gonzales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

Daytime Phone #

CP2E034 (9/96)

PROFESSIONAL THERAPY STAFFING, INC.
List of Officers and Directors

<u>Title</u>	<u>Name/SSN</u>	<u>Street Address</u>
CEO, Director	Neal M. Elliott 532-38-8545	6001 Indian School Rd NE Albuquerque, NM 87110
President	Chris Slayter 570-52-5247	4021 S 700 East Salt Lake City, UT 84107
Vice-President	Charles H. Gonzales 585-66-5408	6001 Indian School Rd NE Albuquerque, NM 87110
Vice-President, CFO	Ernest A. Schofield 521-92-7317	6001 Indian School Rd NE Albuquerque, NM 87110
Vice-President, Secretary	Scot Sauder 555-90-0219	6001 Indian School Rd NE Albuquerque, NM 87110
Asst. Secretary	Jacqueline Gordon 226-84-0639	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officers and Directors terms expire on September 30, 1997