

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
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000004422 (9)

1. Corporation Name
PROFESSIONAL THERAPY STAFFING, INC.



Principal Place of Business Mailing Address
4021 S. 700 EAST, SUITE 300 **4021 S. 700 EAST, SUITE 300**
SALT LAKE CITY UT 84107 **SALT LAKE CITY UT 84107-2184**

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

2. Principal Place of Business 2a. Mailing Address
 21 **6001 INDIAN SCHOOL RD NE** 26 **P.O. BOX 30278**
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 City & State 27 City & State
 23 **ALB., NM 87110** 28 **ALB., NM 87190**
 Zip Country Zip Country
 24 **USA** 25 **USA** 29 **USA** 30 **USA**

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: _____ Date: **4/24/97**

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