


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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000000150 (9)		
1. Corporation Name PREMIER HEALTH STAFF, INC.		
Principal Place of Business 12250 HERDAL DR AUBURN CA 95603	Mailing Address 12250 HERDAL DR AUBURN CA 95603-5643	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 75-2557081	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27	28	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCS	1.1 TITLE	
NAME	MONEY, GREGORY I	1.2 NAME	
STREET ADDRESS	1905 CENTRAL DR #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX 76021	1.4 CITY-ST-ZIP	
TITLE	DCP	2.1 TITLE	
NAME	REALE, RENEE C	2.2 NAME	
STREET ADDRESS	12250 HERDAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN CA 95603	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	REALE, MICHAEL J	3.2 NAME	
STREET ADDRESS	12250 HERDAL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN CA 95603	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	TAYLOR, JIMMY	4.2 NAME	
STREET ADDRESS	1905 CENTRAL DR #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX 76021	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/10/97 9/10 887-2424

CR2E034 (9/96)