


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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>F97000000150</i> 1. Corporation Name PREMIER HEALTH STAFF, INC.			

**AMENDED
PROFIT
CORPORATION
ANNUAL REPORT**

FILED

SEP 29 PM 3:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	

21 1905 Central Drive Suite, Apt. #, etc. 22 Suite 200 City & State 23 Bedford, Texas Zip 24 76021	25 Tarrant Country 26 101 Sun Lane NE Suite, Apt. #, etc. 27 Attn: Legal Dept. City & State 28 Albuquerque, NM Zip 29 87109 Country 30 Bernalillo
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3. Date Incorporated or Qualified Dec. 31, 1996	3a. Date of Last Report Feb. 18, 1997
4. FEI Number 75-2557081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Gregory I. Money 1905 Central Drive, Suite 200 Bedford, TX 76021	
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10. Name and Address of New Registered Agent	
81 Name Corporation Service Company	82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
83	84 City Tallahassee
85 Zip Code 32301	

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, and accept the obligations of Section 607.0505, Florida Statutes.	
SIGNATURE <i>Karen B. Rozar</i> Signature typed or printed name of registered agent and title, if applicable	Karen B. Rozar, As Its Agent (NOTE: Registered Agent's signature required when reinstating) DATE 9-27-97

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Michael Bear</i>	8/19/97	(505) 821-3355
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CR2E034 (9/96)

(2)

OFFICERS & DIRECTORS

<u>Position</u>	<u>Name</u>	<u>Address</u>	<u>Term</u>
President	Randy Jones	3040 Post Oak Blvd.,#350 Houston, TX 77056	Until successor is duly elected and qualified
Senior VP	Robert A. Levin	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Senior VP & CFO	Robert D. Woltil	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
VP & Treasurer	Warren H. McInteer	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
VP	Andrew L. Turner	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
VP & Controller	William C. Warrick	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Treasurer	D. Craig Hayes	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Clerk/Sec.	Nikki J. Mann	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Secretary	Michael T. Berg	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Robert A. Levin	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Robert D. Woltil	101 Sun Lane NE Albuquerque, NM 87109	Until successor is duly elected and qualified



ACCOUNT NO. : 072100000032

REFERENCE : 542543 5020685

AUTHORIZATION :

COST LIMIT :

Patricia T. Pitts
\$61.25

ORDER DATE : September 24, 1997

ORDER TIME : 11:55 AM

ORDER NO. : 542543-710

CUSTOMER NO: 5020685

CUSTOMER: Ms. Diane McGee
Sun Healthcare Group
101 Sun Lane, N.e.

Albuquerque, NM 87109

ANNUAL REPORT FILING

NAME: PREMIER HEALTH STAFF, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE GLISAR

EXAMINER'S INITIALS: _____

97 SEP 29 PM 2:09
DIVISION OF CORPORATION