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Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
1905 CENTRAL DRIVE
SUITE 200
BEDFORD TX 76021

Mailing Address
101 SUN LANE NE
ATTN: LEGAL DEPT.
ALBUQUERQUE NM 87109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 101 Sun Avenue NE
Suite, Apt. #, etc
22
City & State
23 Albuquerque NM
Zip 24 87109 Country 25 USA

2a. Mailing Address
26 Legal Dept.
Suite, Apt. #, etc.
27 101 Sun Avenue NE
City & State
28 Albuquerque NM
Zip 29 87109 Country 30 USA

3. Date Incorporated or Qualified
12/31/1996

4. FEI Number
75-2557081
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, RANDY 3040 POST OAK BLVD #350 HOUSTON TX 77056	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP LEVIN, ROBERT A 101 SUN LANE NE ALBUQUERQUE NM 87109	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	101 Sun Avenue NE Albuquerque NM 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP WOLTIL, ROBERT D 101 SUN LANE NE ALBUQUERQUE NW 87109	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	101 Sun Avenue NE Albuquerque NM 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT MCINTEER, WARREN H 101 SUN LANE NE ALBUQUERQUE NW 87109	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	101 Sun Avenue NE Albuquerque NM 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TURNER, ANDREW L 101 SUN LANE NE ALBUQUERQUE NW 87109	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	AS Michael T. Berg 101 Sun Avenue NE Albuquerque NM 87109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPC WARRICK, WILLIAM C 101 SUN LANE NE ALBUQUERQUE NW 87109	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	101 Sun Avenue NE Albuquerque NM 87109	☒ Change ☐ Addition

CR2E034 (10/97)

14. 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 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: Michael Berg Michael T. Berg Assistant Secretary 2.4.98 505/821.3355