



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90351 031 \*\*\*\*61.25

<b>DOCUMENT # N01000008297</b>					
<b>1. Entity Name</b> NATIONAL ASSOCIATION OF LOCUM TENENS ORGANIZATIONS, INC.					
<b>Principal Place of Business</b> 222 S. WESTMONTE DR., #101 ALTAMONTE SPRINGS, FL 32714			<b>Mailing Address</b> 222 S. WESTMONTE DR., #101 ALTAMONTE SPRINGS, FL 32714		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">40037</div>  <div style="margin-top: 10px;">                         03222006    Chg-NP    CR2E037 (11/05)                     </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 01-0630044				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KAUTTER, WILLARD S 222 S. WESTMONTE DR., #101 ALTAMONTE SPRINGS, FL 32714			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PTD KURMADAS, GREGORY 1200 ENCLAVE PKWY. #200 HOUSTON, TX 770771733	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD Reinhardt, Brian 21410 N 19th Ave Ste 118 Phoenix AZ 85027
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ED KAUTTER, WILLARD S 222 S. WESTMONTE DRIVE #101 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Baldrige, Dave 4021 S 700 East Ste 300 Salt Lake City UT 84107
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PPD MORGAN, JAMEY 735 N. WATER ST. MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD KIRBY, BRUCE 4170 ASHFORD-DUNWOODY RD., #500 ATLANTA, GA 30319
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD KIRBY, BRUCE 4170 ASHFORD-DUNWOODY RD., #500 ATLANTA, GA 30319	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD ABBY, KATIE 675 E 2100 SOUTH #390 SALT LAKE CITY, UT 84106
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD ABBY, KATIE 675 E 2100 SOUTH #390 SALT LAKE CITY, UT 84106	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD ABBY, KATIE 675 E 2100 SOUTH #390 SALT LAKE CITY, UT 84106
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> Willard S. Kautter <i>Willard S. Kautter</i> 3/22/06 407-774-7880					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					