

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 050 ****61.25

DOCUMENT # N01000008297

1. Entity Name
NATIONAL ASSOCIATION OF LOCUM TENENS
ORGANIZATIONS, INC.



Principal Place of Business
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714

Mailing Address
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
01-0630044

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUTTER, WILLARD S
222 S. WESTMONTE DR., #101
ALTAMONTE SPRINGS, FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
REINHARDT, BRIAN
21410 N 19TH AVE STE 118
PHOENIX, AZ 85027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
KAUTTER, WILLARD S
222 S. WESTMONTE DRIVE #101
ALTAMONTE SPRINGS, FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BALDRIDGE, DAVE
4021 S. 700 EAST STE 300
SALT LAKE CITY, UT 84107 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KIRBY, BRUCE
4170 ASHFORD-DUNWOODY RD., #500
ATLANTA, GA 30319 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Donovan, Patrick
11325 Concord Village Ave
St Louis MO 63123 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
ABBY, KATIE
675 E 2100 SOUTH #390
SALT LAKE CITY, UT 84106 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 the empowered.

SIGNATURE: Willard S. Kautter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-774-7880