2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N01000008297

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 01-0630044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: REINHARDT, BRIAN
Address: 21410 N 19TH AVE STE 118
City-St-Zip: PHOENIX, AZ 85027

Title: ED ( ) Delete
Name: KAUTTER, WILLARD S
Address: 222 S. WESTMONTE DRIVE #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PPD ( ) Delete
Name: BALDRIDGE, DAVE
Address: 4021 S 700 EAST STE 300
City-St-Zip: SALT LAKE CITY, UT 84107

Title: P ( ) Delete
Name: DONOVAN, PATRICK
Address: 11325 CONCORD VILLAGE
City-St-Zip: SAINT LOUIS, MO 63123

Title: PPD (X) Delete
Name: ABBY, KATIE
Address: 675 E 2100 SOUTH #390
City-St-Zip: SALT LAKE CITY, UT 84106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: HAND, TIM
Address: 12140 WOODCREST EXECUTIVE DR #310
City-St-Zip: ST LOUIS, MO 63141

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: POLHILL, RUDDY
Address: 3080 PREMIER PKWY STE 175
City-St-Zip: DULUTH, GA 30097

Title: D (X) Change ( ) Addition
Name: ANDERSON, ANNE B
Address: 145 TECHNOLOGY PKWY
City-St-Zip: NORCROSS, GA 30092

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD S. KAUTTER ED 04/29/2009
Electronic Signature of Signing Officer or Director — Date