

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008297

FILED  
Feb 20, 2012  
Secretary of State

**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  
Name: DICKENS, JIM  
Address: 3668 S GETER RD STE 100  
City-St-Zip: SUNSET HILLS, MO 63127

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

Title: PD  
Name: ANDERSON, ANNE B  
Address: 145 TECHNOLOGY PKWY  
City-St-Zip: NORCROSS, GA 30092

Title: PPD  
Name: POLHILL, RUDDY  
Address: 1735 N BROWN RD STE 100  
City-St-Zip: LAWRENCEVILLE, GA 30043

I hereby 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 all other like empowered.

SIGNATURE: WILLARD S KAUTTER

ED

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date