

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 024 ****61.25

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1. Entity Name
NATIONAL ASSOCIATION OF PHYSICIAN RECRUITERS,
INC.



Principal Place of Business
222 S WESTMONTE DRIVE
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
222 S WESTMONTE DR
STE 101
ALTAMONTE SPRINGS, FL 32714 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
41-1512922

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 DRIVE
SUITE 101
ALTAMONTE SPRINGS, FL 32715-7127

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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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
PED
KELLER, KAREN
2038 CARIBOU DR #201
FORT COLLINS, CO 80525 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPD
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
VPD
TOLDT, JO-ANN M
307 S EVERGREEN AVE
WOODBURY, NJ 08096 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Delete
BREWER, SANDI
720 E MOREHEAD ST
CHARLOTTE, NC 28202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Jamison, Tammy
2166 S 12th St Ste 100B
Allentown PA 18103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
OSINSKI, MARTIN
11625 SW 110TH RD
MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☒ 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

407-774-7880

Daytime Phone #