

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006319

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF PHYSICIAN RECRUITERS, INC.

**Current Principal Place of Business:**

222 S WESTMONTE DRIVE  
SUITE 101  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

222 S WESTMONTE DRIVE  
SUITE 101  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 41-1512922

**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 DRIVE  
SUITE 101  
ALTAMONTE SPRINGS, FL 327157127 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: EVPD  
Name: KAUTTER, WILLARD S  
Address: 222 S WESTMONTE DRIVE #101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD  
Name: DOYLE-GRACE, PAT  
Address: 4 CITY PLAVE DR #300  
City-St-Zip: ST LOUIS, MO 63141

Title: STD  
Name: STONE, JIM  
Address: 14114 DALLAS PKWY STE 600  
City-St-Zip: DALLAS, TX 75254

Title: PED  
Name: STREICHER, PATRICE  
Address: 9910 W LAYTON AVE  
City-St-Zip: GREENFIELD, WI 53228

Title: VPD  
Name: FOLGER, ANNE  
Address: 6818 N CORTE CALABAZA  
City-St-Zip: TUCSON, AZ 85704

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

EVPD

03/29/2011

Electronic Signature of Signing Officer or Director

Date