

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

AUG 5 2014

R. WHITE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
KFORCE HEALTHCARE, INC.**

Certificate of Status	5
Certified Copy	9
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Kforce Healthcare, Inc.

DOCUMENT NUMBER: P08000089272

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Moy

Name of Contact Person

Paul Hastings LLP

Firm/ Company

1001 East Palm Ave

Address

Chicago, IL 60606

City/ State and Zip Code

sharonmoy@paulhastings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Moy

at ( 312 )

499-6086

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

14 AUG -4 PM 9:37

UNITED STATES  
FEDERAL BUREAU OF INVESTIGATION

**(Name of Corporation as currently filed with the Florida Dept. of State)**

(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

(Principal office address **MUST BE A STREET ADDRESS**)

**(Mailing address MAY BE A POST OFFICE BOX)**

Name of New Registered Agent

(Florida street address)

**New Registered Office Address:**

(City)

(Zip Code)

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Signature of New Registered Agent, if changing*

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>Sara Nichols</u>	<u>1001 East Palm Ave</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33605</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>ASEC</u>	<u>Edwin Soto</u>	<u>1001 East Palm Ave</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33605</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VPT</u>	<u>Judy Genshino-Kelly</u>	<u>1001 East Palm Ave</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33605</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D, C</u>	<u>Dave Kelly</u>	<u>1001 East Palm Ave</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33605</u>
<input checked="" type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Peggy Pricher</u>	<u>1001 East Palm Ave</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33605</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D, VP</u>	<u>Ken O'Keefe</u>	<u>1001 East Palm Ave</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33605</u>
<input type="checkbox"/> Remove			

**Attachment to Article of Amendment to  
Articles of Incorporation of himagine solutions, inc.**

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <u>X</u> Add	D, VP, S, T	Grant Patrick	1001 East Palm Ave. Tampa, FL 33605
8) <u>X</u> Add	D	Julian Carr	1001 East Palm Ave. Tampa, FL 33605
9) <u>X</u> Add	D, CEO	Michael DiMarco	1001 East Palm Ave. Tampa, FL 33605
10) <u>X</u> Add	COO	Sam Farrell	1001 East Palm Ave. Tampa, FL 33605

[illegible][illegible]

The date of each amendment(s) adoption: August 4, 2014, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated August 4, 2014

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Grant Patrick

(Typed or printed name of person signing)

Vice President, Secretary and Treasurer

(Title of person signing)