
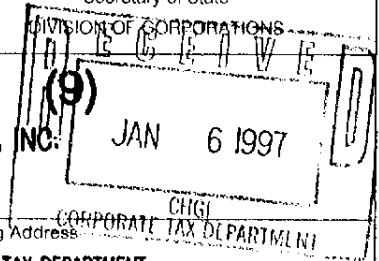


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	
DOCUMENT # P14154					
1. Corporation Name MEDSTAFF NATIONAL MEDICAL STAFFING, INC.					
Principal Place of Business 3608 MAYFAIR ST. STE 206 DURHAM NC 27707 US			Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704-0309 US		



2. Principal Place of Business 21 3104 CROASDAILE DRIVE Suite, Apt. #, etc. 22 City & State 23 Zip 27705 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 27705 Country		3. Date Incorporated or Qualified 04/23/1987		3a. Date of Last Report 05/01/1996	
4. FET Number 56-1451520		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PV	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABASHIAN, RHONDA			1.2 NAME			
STREET ADDRESS	3608 MAYFAIR ST. STE 206			1.3 STREET ADDRESS	3104 CROASDAILE DRIVE		
CITY-ST-ZIP	DURHAM NC 27707			1.4 CITY-ST-ZIP	DURHAM, NC 27705		
TITLE	AS	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILES, KIMBERLY J			2.2 NAME	SOKOL, ANDREW E.		
STREET ADDRESS	2828 CROASDAILE DRIVE			2.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP	DURHAM NC 27705			2.4 CITY-ST-ZIP	DURHAM, NC 27705		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, DEANNE			3.2 NAME			
STREET ADDRESS	2828 CROASDAILE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC 27705			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALLS, BERTRAM E M.D.			4.2 NAME	BAYS, FRED		
STREET ADDRESS	2828 CROASDAILE DRIVE			4.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP	DURHAM NC 27705			4.4 CITY-ST-ZIP	DURHAM, NC 27705		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	BALL, JOHN G.		
STREET ADDRESS				5.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DURHAM, NC 27705		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	WIKI, LESLYNNE		
STREET ADDRESS				6.3 STREET ADDRESS	2828 CROASDAILE DRIVE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	DURHAM, NC 27705		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RHONDA ABASHIAN

4-25-97 (919) 383-0355

CR2E034 (9/96)