FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15214** **(0)**

1. Corporation Name

NATIONAL ASSOCIATION OF PHYSICIAN RECRUITERS, IN C.

Principal Place of Business	Mailing Address
222 S. WESTMONTE DR., STE. #101 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127	222 S. WESTMONTE DR., STE. #101 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 04/19/1994
4. FEI Number: 41-1512922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KAUTTER, WILLARD S.
222 S WESTMONTE DR #101
ALTAMONTE SPRINGS FL 32714

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	OSINSKI, MARTIN H.	12 NAME	ESPOSITO, SUSAN	
STREET ADDRESS	9360 SUNSET DR S250	13 STREET ADDRESS	879 LOS ANGELES AVENUE	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	ATLANTA, GA 30306	
TITLE	S	21 TITLE	P	☒ Change ☐ Addition
NAME	SHERRIFF, JULIE	22 NAME		
STREET ADDRESS	10983 GRANADA S202	23 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	24 CITY ST ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	O'NEILL, MARTIN	32 NAME	BRIN, BRADLEY	
STREET ADDRESS	2817 REED RD	33 STREET ADDRESS	735 NORTH WATER STREET	
CITY ST ZIP	BLOOMINGTON IL	34 CITY ST ZIP	MILWAUKEE, WI 53202	
TITLE	P	41 TITLE	V	☒ Change ☐ Addition
NAME	HERMSMEYER, REX	42 NAME	LEVISON, MICHAEL	
STREET ADDRESS	ONE PINES COURT	43 STREET ADDRESS	6039 PARK AVENUE	
CITY ST ZIP	ST. LOUIS MO	44 CITY ST ZIP	RICHMOND, CA 94805	
TITLE	ED	51 TITLE	M	☒ Change ☐ Addition
NAME	KAUTTER, WILLARD S.	52 NAME		
STREET ADDRESS	222 S. WESTMONTE DR	53 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRG FL	54 CITY ST ZIP		
TITLE	VD	61 TITLE	D	☒ Change ☐ Addition
NAME	REEVES, JOHN	62 NAME	DANIEL, JOHN	
STREET ADDRESS	65 OLD STRATTON CHASE	63 STREET ADDRESS	200 CLINTON AVENUE #400	
CITY ST ZIP	ATLANTA GA	64 CITY ST ZIP	HUNTSVILLE, AL 35801	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILLARD KAUTTER *Willard Kautter* 4/25/95 (407) 774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031009

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 27 PM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16904** **(5)**

1. Corporation Name
NETWORK FOR INSTRUCTIONAL TV, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11490 COMMERCE PARK DR STE 110 RESTON VA 22091 US	11490 COMMERCE PARK DR STE 110 RESTON VA 22091 US

3. Date Incorporated or Qualified: **11/19/1987**
3a. Date of Last Report: **03/08/1994**
4. FEI Number: **52-1279689** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status Rel. 25 ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☒ Change ☐ Addition D
NAME	HILSMAN, WILLIAM J.	12 NAME	
STREET ADDRESS	834 CHESTNUT STR #524	13 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	14 CITY ST ZIP	
TITLE	ED	21 TITLE	☐ Change ☐ Addition
NAME	PYLE, THOMAS A.	22 NAME	
STREET ADDRESS	11490 COMMERCE PARK DR, STE 110	23 STREET ADDRESS	
CITY ST ZIP	RESTON VA	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	RINI, ROBERT J.	32 NAME	
STREET ADDRESS	1350 CONNECTICUT AVE NE #900	33 STREET ADDRESS	
CITY ST ZIP	WASHINGTON, DC.	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	MCKENZIE, FLORETTA D.	42 NAME	DELETE
STREET ADDRESS	555 13TH ST NW	43 STREET ADDRESS	NO LONGER ON BOARD
CITY ST ZIP	WASHINGTON DC	44 CITY ST ZIP	OF DIRECTORS
TITLE		51 TITLE	☐ Change ☒ Addition C
NAME		52 NAME	Robert J. Shuman
STREET ADDRESS		53 STREET ADDRESS	21 Dupont Circle
CITY ST ZIP		54 CITY ST ZIP	Washington D.C. 20036
TITLE		61 TITLE	☐ Change ☒ Addition C
NAME		62 NAME	Charles D. Moody, Sr., Ph.D.
STREET ADDRESS		63 STREET ADDRESS	Univ. of MI, 1360 School of Education
CITY ST ZIP		64 CITY ST ZIP	Ann Arbor, MI 48109

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above/on attachment with an address.

SIGNATURE: Thomas A. Pyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas A. Pyle, Executive Director/CEO

4/25/95 Date
703-860-9200 (Daytime Phone #)

0073874