

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

06/30/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **D**
STREET ADDRESS **ESPOSITO, SUSAM**
CITY-ST-ZIP **879 LOS ANGELES AVENUE ATLANTA GA**

11 TITLE ☒ Change ☐ Addition
12 NAME **Harris, Lianne**
13 STREET ADDRESS **63 Forest Avenue**
14 CITY-ST-ZIP **Orono, ME 04473**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **SHERRIFF, JULIE**
CITY-ST-ZIP **10983 GRANADA S202 OVERLAND PARK KS**

21 TITLE ☒ Change ☐ Addition
22 NAME **D**
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BRIN, BRADLEY**
CITY-ST-ZIP **735 NORTH WATER STREET MILWAUKEE WI**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **LEVISON, MICHAEL**
CITY-ST-ZIP **6039 PARK AVENUE RICHMOND CA**

41 TITLE ☒ Change ☐ Addition
42 NAME **P**
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **M**
STREET ADDRESS **KAUTTER, WILLARD S.**
CITY-ST-ZIP **222 S. WESTMONTE DR ALTAMONTE SPRG FL**

51 TITLE ☒ Change ☐ Addition
52 NAME **MD**
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DANIEL, JOHN**
CITY-ST-ZIP **200 CLINTON AVENUE #400 HUNTSVILLE AL**

61 TITLE ☒ Change ☐ Addition
62 NAME **VP**
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willard S. Kautter
4/25/96

Date

407/774-7880

Daytime Phone #

CR2E037 (12/95)