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FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32715-0127



3. Date Incorporated or Qualified  
06/30/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
41-1512922

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 D ☐ DELETE  
NAME HARRIS, LIANNE  
STREET ADDRESS 63 FOREST AVENUE  
CITY-ST-ZIP ORONO ME

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 S. Kautter

4/14/97

407/774 2880

CR2E037 (9/96)