

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 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 # **P15746** (1)

1. Corporation Name

NURSEFINDERS, INC.



Principal Place of Business 1200 COPELAND RD. #200 ARLINGTON TX 76011	Mailing Address 1200 COPELAND RD. #200 ARLINGTON TX 76011-4936
---	--

3. Date Incorporated or Qualified 08/28/1987	3a. Date of Last Report 06/24/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 75-1473273 Applied For Not Applicable	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 type="checkbox"/> No
---	--	---	--	--	---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PERANTON, RICHARD L 2625 GENTLE DR. FLOWER MOUND TX 75028	1.1 TITLE	FIELD
NAME		1.2 NAME	Ken R. Bramlett, Jr.
STREET ADDRESS		1.3 STREET ADDRESS	307 Hunter Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Charlotte NC 28211
TITLE	S OSTMAN, NEAL 1104 TINKER ROAD COLLEYVILLE TX	2.1 TITLE	AS
NAME		2.2 NAME	Neal Ostman
STREET ADDRESS		2.3 STREET ADDRESS	1104 Tinker Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Colleyville TX
TITLE	TD BERNARD, MICHAEL P 9719 CHATHAM OAKS TR. CHARLOTTE NC 28210	3.1 TITLE	TIDIV
NAME		3.2 NAME	James C. Hunt
STREET ADDRESS		3.3 STREET ADDRESS	3518 Bellevue Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Charlotte NC 28226
TITLE	CD DRUDGE, EDWARD P 6717 WYNFAIRE LANE CHARLOTTE SC 28210	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS PAYNE-HARRIS, ROSEMARY 7003 SUGAR LOAF CT. CHARLOTTE SC 28210	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Ken R. Bramlett, Jr.** REQUIRED

4-21-97

CR2E037 (9/96)