


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/28/1987
4. FEI Number 75-1473273
Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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	1.1 TITLE	PD
NAME	PERANTON, RICHARD L	1.2 NAME	Peranton, Richard L
STREET ADDRESS	2825 GENTLE DR.	1.3 STREET ADDRESS	1200 Copeland Rd, Suite 200
CITY-ST-ZIP	FLOWER MOUND TX 75028	1.4 CITY-ST-ZIP	Arlington TX 76011
TITLE	AS	2.1 TITLE	T
NAME	OSTMAN, NEAL	2.2 NAME	Ostman, Neal
STREET ADDRESS	1104 TINKER ROAD	2.3 STREET ADDRESS	1200 Copeland Rd, Suite 200
CITY-ST-ZIP	COLLEYVILLE TX	2.4 CITY-ST-ZIP	Arlington TX 76011
TITLE	TD	3.1 TITLE	C
NAME	BERNARD, MICHAEL P	3.2 NAME	Sinclair, Michael
STREET ADDRESS	9719 CHATHAM OAKS TR.	3.3 STREET ADDRESS	156 West 56th Street, Suite 1605
CITY-ST-ZIP	CHARLOTTE NC 28210	3.4 CITY-ST-ZIP	New York NY 10019
TITLE	CD	4.1 TITLE	D
NAME	DRUDGE, EDWARD P	4.2 NAME	Cowherd, J. Andrew
STREET ADDRESS	6717 WYNFAIRE LANE	4.3 STREET ADDRESS	156 West 56th Street, Suite 1605
CITY-ST-ZIP	CHARLOTTE SC 28210	4.4 CITY-ST-ZIP	New York NY 76011
TITLE	VSD	5.1 TITLE	DS
NAME	BRAMLETT, KEN R JR	5.2 NAME	Koffman, Lori G.
STREET ADDRESS	307 HUNTER LANE	5.3 STREET ADDRESS	425 Lexington Avenue
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	New York NY 10017
TITLE	AS	6.1 TITLE	AS
NAME	PAYNE-HARRIS, ROSEMARY	6.2 NAME	Wendt, Pamela
STREET ADDRESS	7003 SUGAR LOAF CT	6.3 STREET ADDRESS	1200 Copeland, Suite 200
CITY-ST-ZIP	CHARLOTTE SC	6.4 CITY-ST-ZIP	Arlington TX 76011

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peranton, Richard L	
1.3 STREET ADDRESS	1200 Copeland Rd, Suite 200	
1.4 CITY-ST-ZIP	Arlington TX 76011	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ostman, Neal	
2.3 STREET ADDRESS	1200 Copeland Rd, Suite 200	
2.4 CITY-ST-ZIP	Arlington TX 76011	
3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sinclair, Michael	
3.3 STREET ADDRESS	156 West 56th Street, Suite 1605	
3.4 CITY-ST-ZIP	New York NY 10019	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cowherd, J. Andrew	
4.3 STREET ADDRESS	156 West 56th Street, Suite 1605	
4.4 CITY-ST-ZIP	New York NY 76011	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Koffman, Lori G.	
5.3 STREET ADDRESS	425 Lexington Avenue	
5.4 CITY-ST-ZIP	New York NY 10017	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wendt, Pamela	
6.3 STREET ADDRESS	1200 Copeland, Suite 200	
6.4 CITY-ST-ZIP	Arlington TX 76011	

14. I 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: *[Signature]* C.F.D. 1/28/98 817-469-1055

CR2E037 (1097)