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**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90038 017 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P15746**

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



2. Principal Place of Business  
21 1701 E. Lamar Blvd.

2a. Mailing Address  
26 1701 E. Lamar Blvd.

3. Date Incorporated or Qualified  
08/28/1987

Suite, Apt. #, etc.  
22 # 200

Suite, Apt. #, etc.  
27 # 200

4. FEI Number  
75-1473273  
Applied For  
Not Applicable

City & State  
23 Arlington TX

City & State  
28 Arlington TX

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country  
24 76006 25 USA

Zip Country  
29 76006 30 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERANTON, RICHARD L	
STREET ADDRESS	1200 CAPELAND RD, SUITE 200	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OSTMAN, NEAL	
STREET ADDRESS	1200 COPELAND RD, SUITE 200	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SINCLAIR, MICHAEL	
STREET ADDRESS	156 WEST 56TH STREET, SUITE 1605	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWHERD, J. ANDREW	
STREET ADDRESS	156 WEST 56TH STREET, SUITE 1605	
CITY-ST-ZIP	NEW YORK NY 76011	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KOFFMAN, LORI G.	
STREET ADDRESS	425 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WENDT, PAMELA	
STREET ADDRESS	1200 COPELAND, SUITE 200	
CITY-ST-ZIP	ARLINGTON TX 76011	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peranton, Richard L	
1.3 STREET ADDRESS	1701 E. Lamar Blvd. #200	
1.4 CITY-ST-ZIP	Arlington TX 76006	
2.1 TITLE	VLS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ostman, Neal	
2.3 STREET ADDRESS	1701 E. Lamar Blvd. #200	
2.4 CITY-ST-ZIP	Arlington TX 76006	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Koffman, Lori G.	
5.3 STREET ADDRESS	425 Lexington Ave.	
5.4 CITY-ST-ZIP	New York NY 10017	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wendt, Pamela	
6.3 STREET ADDRESS	1701 E. Lamar Blvd #200	
6.4 CITY-ST-ZIP	Arlington TX 76006	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neal Ostman (817) 460-1181  
4/29/99

Daytime Phone #

CR2E037 (11/98)