

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15746

1. Entity Name

NURSEFINDERS, INC.

Principal Place of Business

1701 E LAMAR BLVD
#200
ARLINGTON TX 76006
US

Mailing Address

1701 E LAMAR BLVD
#200
ARLINGTON TX 76006
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-1473273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PERANTON, RICHARD L
1701 E LAMAR BLVD #200
ARLINGTON TX 76011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
OSTMAN, NEAL
1701 E LAMAR BLVD #200
ARLINGTON TX 76011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
SINCLAIR, MICHAEL
156 WEST 56TH STREET, SUITE 1605
NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COWHERD, J. ANDREW
156 WEST 56TH STREET, SUITE 1605
NEW YORK NY 76011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOFFMAN, LORI G.
425 LEXINGTON BLVD #200
NEW YORK NY 10017 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
WENDT, PAMELA
1701 E LAMAR BLVD #200
ARLINGTON TX 76006 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sherry L. Hagemaster ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Friedrichs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Friedrichs

(817) 462-9014
Daytime Phone #

CR2E037 (10/00)

0087946

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90080 016 *****61.25



DO NOT WRITE IN THIS SPACE