FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38624 (3)

1. Corporation Name
ATC NURSING SERVICES INCORPORATED

Principal Place of Business	Mailing Address
1895 PHOENIX BLVD., SUITE 350 ATLANTA GA 30349	1895 PHOENIX BLVD., SUITE 350 ATLANTA GA 30349

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 2675 Paces Ferry Rd.	26 2675 Paces Ferry Rd.
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Atlanta, GA.	City & State 28 Atlanta, GA
Zip 24 30339 Country 25 USA	Zip 29 30339 Country 30 USA

4. FEI Number: ~~58-1642357~~ 58-1642356 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

91 Name: The Prentice-Hall Corporation System, Inc.
92 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
93 Suite 105
94 City: Tallahassee FL 95 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mark D. Schutzman — 5-11-95
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	PD	1.1 TITLE	President	☑ Change ☐ Addition
NAME	BAUER, TERRENCE L.	1.2 NAME	Bauer, Terrence L.	
STREET ADDRESS	1895 PHOENIX BLVD #350	1.3 STREET ADDRESS	2675 Paces Ferry Rd. #400	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA. 30339	
TITLE	SD	2.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	COBLE, WANDA P	2.2 NAME	Austin, Sally N.	
STREET ADDRESS	1895 PHOENIX BLVD #350	2.3 STREET ADDRESS	2675 Paces Ferry Rd. #400	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	VTD	3.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	HARMAN, ROBERT W. III	3.2 NAME	Schutzman, Mark D.	
STREET ADDRESS	1895 PHOENIX BLVD #350	3.3 STREET ADDRESS	2675 Paces Ferry Rd. #400	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta, GA. 30339	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SPICELAND, CAROLYN C	4.2 NAME		
STREET ADDRESS	1895 PHOENIX BLVD #350	4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	MOSELEY, CHARLES JR	5.2 NAME		
STREET ADDRESS	9 NORTH PARKWAY SQUARE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark D. Schutzman — 5-11-95 — (404) 437-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398483 FP