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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000090562 (6)**

1. Corporation Name

CUSTOM PHYSICIAN RECRUITING INCORPORATED



Principal Place of Business

**3275 NORTHRIDGE DRIVE
CLEARWATER FL 34621**

Mailing Address

**3275 NORTHRIDGE DRIVE
CLEARWATER FL 34621**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**WATTS, DELL RAY
3275 NORTHRIDGE DRIVE
CLEARWATER FL 34621**

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 607.004 and 607.1509, 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. Said 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 607.006, Florida Statutes.

SIGNATURE

Signature taken from the previous filing or from the signature of the current registered agent.

Signature taken from the previous filing or from the signature of the current registered agent.

Date

12. OFFICERS AND DIRECTORS

TITLE: **D** [] DELETE
NAME: **WATTS, DELL RAY**
STREET ADDRESS: **1253 HENKE ROAD**
CITY-STATE-ZIP: **LAKE ST LOUIS MO 63367**

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] Change [] Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE [] Change [] Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE [] Change [] Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE [] Change [] Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE [] Change [] Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 appointed 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 appointment with an address.

SIGNATURE:

Dell R. Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dell R. Watts

3/29/96

(314)561-1813

CR2E034 (12/95)