

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF <b>Sandra B. Mori</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S27799** (3)

1. Corporation Name  
**AMERICAN MEDICAL RECRUITERS, INC.**



Principal Place of Business <b>800 CYPRESS CREEK ROAD WEST SUITE 460 FT. LAUDERDALE FL 33308</b>	Mailing Address <b>800 CYPRESS CREEK ROAD WEST SUITE 460 FT. LAUDERDALE FL 33308-8058</b>
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3. Date Incorporated or Qualified <b>01/25/1991</b>	3a. Date of Last Report <b>03/07/1996</b>
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4. FEI Number <b>65-0247205</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**MULLEN, JOSEPH P.  
2419 E. COMMERCIAL BLVD.  
SUITE 302  
FT. LAUDERDALE FL 33308**

Name <b>2929 E. COMMERCIAL BLVD. SUITE PH-C FT. LAUDERDALE FL 33308</b>
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10. Name and Address of New Registered Agent

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

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

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILLETS, PETER J.</b>	1	
STREET ADDRESS	<b>16633 GOLF VIEW DR.</b>	1T ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL</b>	1ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILLETS, COLETTE</b>	2	
STREET ADDRESS	<b>16633 GOLFVIEW DRIVE</b>	2T ADDRESS	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL</b>	2ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3	
STREET ADDRESS		3T ADDRESS	
CITY-STATE-ZIP		3ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4	
STREET ADDRESS		4T ADDRESS	
CITY-STATE-ZIP		4ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5	
STREET ADDRESS		5T ADDRESS	
CITY-STATE-ZIP		5ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6	
STREET ADDRESS		6T ADDRESS	
CITY-STATE-ZIP		6ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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 correct 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 file 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:

**COLETTE PILLETS**  
**Colette Pillets**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/97** **954**  
**963-4600**

Date

Daytime Phone #

1-800-349

CR2E034 (9/96)