| No. <b>C 178009</b>  |                | Du   | ie no later than Apr 30, 2009  | 2. Registered Age  | 2. Registered Agent and Address (NO PO BOX) |                |             |  |
|--|----------------|--|--|--|---|----------------|-------------|--|
| Return to:   |                |  | to the second to the second to the   | NATIONAL REGISTERED AGENTS INC   |   |                |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                | PROVIDENCE   | ddress: Correct in this box if needed. HEALTH CARE STAFFING, INC. PH ST STE 42 ENC 27360 | No. of Control |   |                |             |  |
|  |                |  |  | 3. <u>New</u> Registere  | 3. New Registered Agent Signature:*         |                |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                |  |  |  |   |                |             |  |
| 4. Corporations: Enter Na  | ames and Busin | ess Addresses of                                   | President, Secretary, and Directors. Treasur   | er (optional).   |   |                |             |  |
| Office Held  | Name           |  | Street or PO Address   | City   | State                                       | Country        | Postal Code |  |
| PRESIDENT GREGORY A BRYAN SECRETARY LESLIE A SITES                               |                | 1040 RANDOLPH ST STE 42<br>1040 RANDOLPH ST STE 42 | THOMASVILLE<br>THOMASVILLE   | NC<br>NC   | USA<br>USA                                  | 27360<br>27360 |             |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*                  |  |  |   |                |             |  |
| SC<br>C 178009   |                | Signature: Gregory Bryan                           |  |  | Date: 02/17/2009                            |                |             |  |
|  |                | Name (type o                                       |  | Title: Owner   |   |                |             |  |
| Processed 02/17/2009   |                | * Electronically p                                 | rovided signatures are accepted as original s  | signatures.  |   |                |             |  |