

No. C 209827		Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PROVIDENCE HEALTH CARE STAFFING, INC. 1040 RANDOLPH ST STE 42 THOMASVILLE NC 27360		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				3. <u>New</u> Registered Agent Signature: *	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	LESLIE BRYAN	1040 RANDOLPH ST STE 42	THOMASVILLE	NC	27360
5. Organized Under the Laws of: SC C 209827		6. Annual Report must be signed.* Signature: Leslie Bryan Name (type or print): Leslie Bryan Date: 04/20/2017 Title: President			
Processed 04/20/2017		* Electronically provided signatures are accepted as original signatures.			