STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
82908	U.S. Nursing Corporation			
3. Street Address Principal Business Office		City	State	Zip
6501 S. Fiddler's Green Circle, Ste 200		Greenwood Village	CO	80111
4. Business Phone No.	5. State of Incorporation			6. SIC Code
800 726-8773	COLORADO			0

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE SHORT ANG LONG TERM TEMPORARY HEALTH CARE.

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Gregory Mikkelsen	James Fetter
Street Address: 6501 S. Fiddler's Green Circle, Ste 200	Street Address: ← same
City: Greenwood Village; State: CO; Zip: 80111	City; State; Zip
Secretary Name	**Treasurer Name**
Richard Green	James Fetter
Street Address: 100 Spear St. Ste. 700	Street Address: 6501 S. Fiddler's Green Circle, Ste 200
City: San Francisco; State: CA; Zip: 94105	City: Greenwood Village; State: CO; Zip: 80111

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Mark Utay	Andrew Kofman
Street Address: 110 E. 59th St. Ste 2100	Street Address: ← Same
City: New York; State: NY; Zip: 10022	City; State; Zip
Director Name	**Director Name**
Eric Kogan	Jonathan Haas
Street Address: Same as above ↑	Street Address: ← same
City; State; Zip	City; State; Zip

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES 1,000

Number of Shares	Class/Series	Par Value
1,000	common	none
~~50,000 COMM NO PAR VALUE~~ → 1,000		

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES 1,000

Number of Shares	Class/Series	Par Value
1,000	common	~~none~~
1,000	common	

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *82908*

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — *Date*: 2-28-05

James Fetter
Print or Type Name of Officer

CFO / SVP
Title of Officer

[redacted]

File Date	6/21/05
Check No.	08-24157 3558
By:	DA

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
82908	U.S. Nursing Corporation			
3. Street Address Principal Business Office		City	State	Zip
3888 E. MEXICO AVENUE, SUITE 120		DENVER	CO	80210
4. Business Phone No.	5. State of Incorporation			6. SIC Code
3036928550	COLORADO			0

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE SHORT ANG LONG TERM TEMPORARY HEALTH CARE.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Gregory L. Mikkelsen			James L. Fetter		
Street Address			Street Address		
3888 E. Mexico Avenue			3888 E. Mexico Avenue		
City	State	Zip	City	State	Zip
Denver	CO	80210	Denver	CO	80210
Secretary Name			Treasurer Name		
Richard M. Green			James L. Fetter		
Street Address			Street Address		
100 Spear Street, Suite 700			3888 E. Mexico Avenue		
City	State	Zip	City	State	Zip
San Francisco	CA	94105	Denver	CO	80210

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Marc A. Utay			Andrew S. Kofman		
Street Address			Street Address		
110 East 59th Street, Suite 2100			110 East 59th Street, Suite 2100		
City	State	Zip	City	State	Zip
New York	NY	10022	New York	NY	10022
Director Name			Director Name		
Eric D. Kogan			Jonathan Haas		
Street Address			Street Address		
110 East 59th Street, Suite 2100			110 East 59th Street, Suite 2100		
City	State	Zip	City	State	Zip
New York	NY	10022	New York	NY	10022

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
50,000 COMM NO PAR VALUE			1,515	Common	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 8 2 9 0 8

82908 FBC 01/19/04 03:11:35 PM

File Date _____

Check No. 06-8279549335

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[redacted]

Signature of Officer — *Date* 1/19/04

Gregory Mikkelsen
Print or Type Name of Officer

President & CEO
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary
Corporations Divn.
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 82908
2. Name of Corporation: U.S. Nursing Corporation
3. Street Address Principal Business Office: 3888 East Mexico Ave, Suite 120 — City: Denver — State: CO — Zip: 80210
4. Business Phone No.: 800-726-8773
5. State of Incorporation: COLORADO
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: Provide tempory nursing personnel to medical facilities

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Greg Mikkelsen	3207 Country Club Parkway	Denver	CO	80104

~~Vice President Name~~ Chief Operating Officer	Street Address	City	State	Zip
Eric Broder	5415 Autumn Court	Greenwood Village	CO	80111

Secretary Name	Street Address	City	State	Zip
Richard Green	5898 Romany Road	Oakland	CA	94618

Treasurer Name	Street Address	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Howard Farkas	6601 East Progress	Englewood	CO	80111

Director Name	Street Address	City	State	Zip
Janet Mordecai	3222 South Adams Way	Denver	CO	80210

Director Name	Street Address	City	State	Zip
Richard Green	5898 Romany Road	Oakland	CA	94618

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES 50,000

Number of Shares	Class/Series	Par Value
50,000 COMM NO PAR VALUE	common	none

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50,000	Common	no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 8 2 9 0 8 *

File Date: 2/25/03

Check No.: 000630

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[signature] 2-20-03
Signature of Officer *Date*

Gregory L. Mikkelsen
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 82908
2. Name of Corporation: U.S. Nursing Corporation
3. Street Address Principal Business Office: 3888 E. Mexico. Ave. Suite 120
   City: Denver
   State: CO
   Zip: 80210
4. Business Phone No.: (303) 692-8550
5. State of Incorporation: COLORADO
6. SIC Code: 0
7. Brief Description of the Character of Business Conducted in Rhode Island: Provide temporary nursing personnel to hospitals

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Gregory L. Mikkelsen	3207 Country Club Parkway	Denver	CO	80104

Vice President Name	Street Address	City	State	Zip
Barry McDonald	1906 E. Mountain Laurel Circle	Highlands Ranch	CO	80126

Secretary Name	Street Address	City	State	Zip
Richard Green	6101 Acacia Avenue	Oakland	CA	94618

Treasurer Name (COO)	Street Address	City	State	Zip
Eric Broder	5415 Autumn Court	Greenwood Village	CO	80111

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Daniel Mordecai	3222 South Adams Way	Denver	CO	80210
Howard Farkas	6601 East Progress	Denver	CO	80111

Director Name	Street Address	City	State	Zip
Richard Green	6101 Acacia Avenue	Oakland	CA	94618

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
50,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
none	--	--

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 2 9 0 8 *

4-26-02

File Date:

Check No.: 200874

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — *Date*: 2/27/02

Eric Broder
Print or Type Name of Officer

COO
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 82908
2. Name of Corporation: U.S. Nursing Corporation
3. Street Address Principal Business Office: 3888 E. Mexico Ave., Suite 120
   City: Denver
   State: CO
   Zip: 80210
4. Business Phone No.: (303) 692-8550
5. State of Incorporation: Colorado
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Provide Temporary Personnel

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Daniel Mordecai
Street Address: 3888 E. Mexico Ave., Suite 120
City: Denver
State: CO
Zip: 80210

Vice President Name: Gregory Mikkelsen
Street Address: 3888 E. Mexico Ave., Suite 120
City: Denver
State: CO
Zip: 80210

Secretary Name: Julie Valkar
Street Address: 3888 E. Mexico Ave., Suite 120
City: Denver
State: CO
Zip: 80210

Treasurer Name: Julie Valkar
Street Address: 3888 E. Mexico Ave., Suite 120
City: Denver
State: CO
Zip: 80210

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Daniel Mordecai
Street Address: 3888 E. Mexico Ave., Suite 120
City: Denver
State: CO
Zip: 80210

Director Name: Howard Farkas
Street Address: 3888 E. Mexico Ave., Suite 120
City: Denver
State: CO
Zip: 80210

Director Name: Richard Green
Street Address: 100 Spear Street, Suite 700
City: San Francisco
State: CA
Zip: 94105

Director Name:
Street Address:
City:
State:
Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
50,000	common	no par value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0	--	--

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

10, 11 15 51 '01

Signature of Officer — Date: 3/14/01

GREGORY C. MIKKELSEN
Print or Type Name of Officer

[redacted] EVP/COO
Title of Officer

File Date: FILED
Check No.: MAR 28 2001 26000019
By: By
FOR SECRETARY OF STATE USE ONLY

Form 610 - 12/99

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation
U.S. Nursing Corporation

3. Street Address Principal Business Office | *City* | *State* | *Zip*
3888 E. Mexico Ave., Suite 120 | Denver | CO | 80210

4. Business Phone No. | *5. State of Incorporation* | *6. SIC Code*
(303) 692-8550 | Colorado

7. Brief Description of the Character of Business Conducted in Rhode Island
Provide Temporary Personnel

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Daniel Mordecai
Street Address
3888 E. Mexico Ave., Suite 120
City | *State* | *Zip*
Denver | CO | 80210

Vice President Name
Gregory Mikkelsen
Street Address
3888 E. Mexico Ave., Suite 120
City | *State* | *Zip*
Denver | CO | 80210

Secretary Name
Julie Valkar
Street Address
3888 E. Mexico Ave., Suite 120
City | *State* | *Zip*
Denver | CO | 80210

Treasurer Name
Julie Valkar
Street Address
3888 E. Mexico Ave., Suite 120
City | *State* | *Zip*
Denver | CO | 80210

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Daniel Mordecai
Street Address
3888 E. Mexico Ave., Suite 120
City | *State* | *Zip*
Denver | CO | 80210

Director Name
Howard Farkas
Street Address
3888 E. Mexico Ave., Suite 120
City | *State* | *Zip*
Denver | CO | 80210

Director Name
Richard Green
Street Address
100 Spear Street, Suite 700
City | *State* | *Zip*
San Francisco | CA | 94105

Director Name
Street Address
City | *State* | *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
50,000	common	no par value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0	--	--

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: FILED

Check No.: MAR 28 2001

By: By KD 260619

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer | *Date*
3/14/01

Print or Type Name of Officer
GREGORY C. MIKKELSEN

[redacted]

Title of Officer
EVP/COO

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation
U.S. Nursing Corporaion

3. Street Address Principal Business Office
3888 E. Mexico Ave., Suite 120

City
Denver

State
CO

Zip
80210

4. Business Phone No.
(303) 692-8550

5. State of Incorporation
Colorado

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Provide Temporary Personnel

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Daniel Mordecai
Street Address
3888 E. Mexico Ave., Suite 120
City Denver *State* CO *Zip* 80210

Vice President Name
Street Address
City *State* *Zip*

Secretary Name
Victoria Albright
Street Address
3888 E. Mexico Ave., Suite 120
City Denver *State* CO *Zip* 80210

Treasurer Name
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Daniel Mordecai
Street Address
3888 E. Mexico Ave., Suite 120
City Denver *State* CO *Zip* 80210

Director Name
Howard Farkas
Street Address
3888 E. Mexico Ave., Suite 120
City Denver *State* CO *Zip* 80210

Director Name
Richard Green
Street Address
100 Spear Street, Suite 700
City San Francisco *State* CA *Zip* 94105

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
50,000	Common	no par value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0	--	--

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: FILED

Check No.: MAR 28 2001

By: By YW 26dc19

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

10: 11 AM 04

Signature of Officer 3-14-01 *Date*

Daniel Mordecai
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation
U.S. Nursing Corporation

3. Street Address Principal Business Office
3888 E. Mexico Ave., Suite 120

City
Denver

State
CO

Zip
80210

4. Business Phone No.
(303) 692-8550

5. State of Incorporation
Colorado

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Provide Temporary Personnel

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Daniel Mordecai

Street Address
3888 E. Mexico Ave., Suite 120

City Denver *State* CO *Zip* 80210

Vice President Name

Street Address

City *State* *Zip*

Secretary Name
Victoria Albright

Street Address
3888 E. Mexico Ave., Suite 120

City Denver *State* CO *Zip* 80210

Treasurer Name

Street Address

City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Daniel Mordecai

Street Address
3888 E. Mexico Ave., Suite 120

City Denver. *State* CO *Zip* 80210

Director Name
Howard Farkas

Street Address
3888 E. Mexico Ave., Suite 120

City Denver *State* CO *Zip* 80210

Director Name
Richard Green

Street Address
100 Spear Street, Suite 700

City San Francisco *State* CA *Zip* 94105

Director Name

Street Address

City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
50,000	common	no par value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0	--	--

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: MAR 28 2001

Check No.: By

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

10. 11. [redacted]

Signature of Officer 3-14-01 *Date*

Daniel Mordecai

Print or Type Name of Officer

[redacted] President

Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation
U.S. Nursing Corporation

3. Street Address Principal Business Office
3888 E. Mexico Ave. Suite 120

City
Denver

State
CO

Zip
80210

4. Business Phone No.
(303)692-8550

5. State of Incorporation
Colorado

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Provide Temporary Personnel

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Daniel Mordecai
Street Address
3888 E. Mexico Ave., Suite 120
City Denver *State* CO *Zip* 80210

Vice President Name
Street Address
City *State* *Zip*

Secretary Name
Victoria Albright
Street Address
3888 E. Mexico Ave., Suite 120
City Denver *State* CO *Zip* 80210

Treasurer Name
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Daniel Mordecai
Street Address
3888 E. Mexico Ave., Suite 120
City Denver *State* CO *Zip* 80210

Director Name
Howard Farkas
Street Address
3888 E. Mexico Ave., Suite 120
City Denver. *State* CO *Zip* 80210

Director Name
Richard Green
Street Address
100 Spear Street, Suite 700
City San Francisco *State* CA *Zip* 94105

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
50,000	common	no par value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0	--	--

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: FILED
10:14 05

Check No.: MAR 28 2001

By: By [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [signature] *Date* 3-14-01

Print or Type Name of Officer Daniel Mordecai

Title of Officer President

Form 630 12/99

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
82908	U.S. Nursing Corporation

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
3888 East Mexico Avenue Suite #120	Denver	Colorado	80210

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(303) 692-8550	COLORADO	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Temporary Nurse Staffing Agency

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Daniel Mordecai	3888 East Mexico Avenue Suite #120	Denver	Colorado	80210

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Pat Matusiak	102 Chris Court	Carey	North Carolina	27511

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Daniel Mordecai	3888 East Mexico Avenue Suite #120	Denver	Colorado	80210

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
50,000	Common	No Par	1500	Common	1.00

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — March 27, 1996

Daniel Mordecai
Print or Type Name of Officer

President
Title of Officer — Date

File Date: 4/2/96
Check No: 11588
By:

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 8298 Annual Report for the year: 1995

Name of Business Entity: U. S. Nursing Corporation

Business entity organized under the laws of the State of Colorado

Federal Taxpayer Identification Number: 84-1108544

For foreign entity, address and telephone number of principal office:
3888 E. Mexico Ave. #120

Denver, Co. 80210

1-303-692-8550

Phone: (303) 692-8550

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Phone: ( )

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
Daniel Mordecai, President

U. S. Nursing Corporation

3888 E. Mexico Ave. #120
Denver, Co. 80210

Brief statement of the character of business conducted in Rhode Island:
temporary nurse staffing agency

Date of Organization: March 1989

Date of Qualification to do business in Rhode Island (if foreign entity):
12/5/94

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One): Daniel Mordecai	3888 E. Mexico Ave. #120	Denver, Co..	80210
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One):			
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One): Pat Matusiak	102 Chris Cr.,	Cary NC	27511
☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One):			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Daniel Mordecai	3888 E. Mexico Ave. #120	Denver, Co.	80210

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 50,000	NUMBER 1500
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No Par	PAR VALUE OR WITHOUT PAR 1.00

Date 11-17 , 19 95

By Daniel Mordecai

Daniel Mordecai
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

CT Corporation System
123 Dyer St., Providence, RI 02903

FILED
NOV 20 1995
BY
25132