

1.) CORPORATION NAME:

CHG Medical Staffing, Inc.

DUE DATE: **1/31/2011**

SCC ID NO: **F1130097**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS, INC.

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6440 S MILLROCK DR STE 175

CITY/ST/ZIP: SALT LAKE CITY, UT 84121-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL WEINHOLTZ
TITLE: PRES/CEO
ADDRESS: 6440 S MILLROCK DR STE 175
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84121-

OFFICER

DIRECTOR

NAME: SEAN DAILEY
TITLE: CFO/T/S/VP
ADDRESS: 6440 S MILLROCK DR STE 175
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84121-

OFFICER

DIRECTOR

NAME: DOUG WARRICK
TITLE: VICE PRESIDENT
ADDRESS: 6440 S MILLROCK DR STE 175
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84121-

OFFICER

DIRECTOR

NAME: JOHN CHILDS
TITLE: DIRECTOR
ADDRESS: 111 HUNTINGTON AVE STE 2900
CITY/ST/ZIP/CO: BOSTON, MA 02199-7610

OFFICER

DIRECTOR

NAME: RICHARD K WHITNEY
TITLE: DIRECTOR
ADDRESS: 624 9TH ST
CITY/ST/ZIP/CO: MANHATTAN BEACH, CA 90266-

OFFICER

DIRECTOR

NAME: SCOTT BECK TITLE: COO ADDRESS: 6440 S MILLROCK DR STE 175 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84121-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANIEL THOMSON TITLE: ASST SECRETARY ADDRESS: 6440 S MILLROCK DR STE 175 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84121-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID FIORENTINO TITLE: DIRECTOR ADDRESS: 111 HUNTINGTON AVE STE 2900 CITY/ST/ZIP/CO: BOSTON, MA 02199-7610	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GLENN HOPKINS TITLE: DIRECTOR ADDRESS: 111 HUNTINGTON AVE STE 2900 CITY/ST/ZIP/CO: BOSTON, MA 02199-7610	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL CANNIZZARO TITLE: DIRECTOR ADDRESS: 1531 S TELEGRAPH RD CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DOUG WARRICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUG WARRICK, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/5/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		