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95 MAY -1 PM 7:32

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name INTERIM HEALTHCARE OF HOLLYWOOD, INC.	DOCUMENT # 438477 (2)
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Mailing Address 2440-N-UNIVERSITY DRIVE PEMBROKE-PINES-FL-33024	Principal Place of Business 2440-N-UNIVERSITY DRIVE PEMBROKE-PINES-FL-33024
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1973	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1489769	Applied For Not Applicable
5. Certificate of Status Desired \$8.75	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address 21 8616 Griffin Road	2a. Principal Place of Business 2a 8616 Griffin Road
Suite, Apt. #, etc. 22 Cooper City, FL	Suite, Apt. #, etc. 27 Cooper City, FL
City & State 23 33328	City & State 28 33328
Zip 24	Country 25 USA
Zip 29	Country 30 USA

9. Name and Address of Current Registered Agent

**DAVID B MITCHELL ESQ
896 SOUTH DIXIE HWY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

11 TITLE	C/D
12 NAME	HERTZ, WALTER
13 STREET ADDRESS	21856 HIGH PINE TRL
14 CITY- ST- ZIP	BOCA RATON FL
21 TITLE	S/T/D
22 NAME	HERTZ, LOTTE
23 STREET ADDRESS	21856 HIGH PINE TRL
24 CITY- ST- ZIP	BOCA RATON FL
31 TITLE	P
32 NAME	HERTZ, BRADLEY
33 STREET ADDRESS	21856 HIGH PINE TRAIL
34 CITY- ST- ZIP	BOCA RATON FL
41 TITLE	T
42 NAME	Leiti, John
43 STREET ADDRESS	22245 Collington Dr.
44 CITY- ST- ZIP	Boca Raton, FL 33428
51 TITLE	S
52 NAME	Grampa, Eleanor
53 STREET ADDRESS	4901 S.W 167 Ave.
54 CITY- ST- ZIP	Ft. Lauderdale, FL 33331
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

~~330801438000~~
-05/15/95--01001--018
***200.00 ***200.00

omit

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(2)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an other filing with an address.

SIGNATURE: _____ VP (305) 44-0332