FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State May 01 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State DOCUMENT # 438417 Interim HealthCare of Hollywood, Inc. Principal Place of Business (same 8616 Griffin Road Cooper City Plorida 33328 3. Date Incorporated or Qualified 3a. Date of Last Report 19/ Applied For 2a. Mailing Address 2. Principal Place of Business 59-1489769 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5,00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has fiability for intangible tax under s. 199.032, Country Zio Zip Country Florida Statutes ☐ Yes Ma No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Eugene P. Samuels Street Address (P.O. Box Number is Not Acceptable) 8616 Griffin Road 83 Cooper City, Florida 33328 85 Zip Code 84 City and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office it. Such grants, was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam on 607.0505, Fig. da Statutes. familiar with, and accept the oblig-EUGENE SAMUOLS REGISTERED AGENT SIGNATURE CR2E034 (12/95) OFFICER'S AND DIRECTORS 12. Change ne fibbA 🔲 ☐ DELETE 1 1 TITLE TITLE President Bradley Hertz 8616 Griffin Road Cooper City, Fi 3 12 NAME NAME 1.3 STHEET ADDRESS STREET ADDRESS 14 CITY - ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2 1 THILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - 7IP CITY - ST - ZIP ☐ Change Addition □ DELETE 3 1 DILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY-ST-2IP Change ☐ Addition DELETE 4 1 TITLE TITLE 200001827602 4.2 NAME NAME -05/20/96--01007--009 4.3 STREET ADDRESS STREET ADDRESS ***225.00 4.4 CITY - ST - ZIP CITY - ST - ZIP Change ■ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6 1 TIFLE THILE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS

6.4 C-TY - ST - Z-P

PADIGY HEETZ, PROGRAT S/1/96 (954) 434-0300

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 119.07(3)(k). Florida Statutes. 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 undocath; 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or any littachment with an address

SIGNATURE:

CITY-SI-ZIP