


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAR 12 AM 9:08

DOCUMENT # A07000000875
1. Entity Name
DSI INTERIM HEALTHCARE, LTD.



Principal Place of Business
1095 W. MORSE BLVD.
WINTER PARK, FL 32789

Mailing Address
1095 W. MORSE BLVD.
WINTER PARK, FL 32789



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

02252008 Chg-LP CR2E003 (12/06)

4. FEI Number
26-0575946

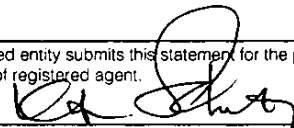
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEUKAMM, MICHAEL E
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Kenneth H. Schultz
Street Address (P.O. Box Number is Not Acceptable)
1095 West Morse Boulevard
City
Winter Park FL Zip Code
32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Kenneth H. Schultz DATE 02/25/08

Signature, typed or printed name of registered agent and title if applicable. DATE


**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P06000076180	STREET ADDRESS	
NAME	DEVELOPMENTAL SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1095 W. MORSE BLVD.		
CITY-ST-ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100119602251
STREET ADDRESS			03/07/08--01005--017 **508.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Kenneth Schultz DATE 02/25/08 (407) 645-3211 x135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #