

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 296213

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** INTERIM HEALTHCARE INC.

**Current Principal Place of Business:**

1890 STATE ROAD 436, STE 435  
WINTER PARK, FL 327922285

**New Principal Place of Business:**

1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**Current Mailing Address:**

1890 STATE ROAD 436, STE 435  
WINTER PARK, FL 327922285

**New Mailing Address:**

1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**FEI Number:** 59-1112669      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STROTHMAN, LLOYD F  
1601 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SORENSEN, ALLAN C  
Address: 1601 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: S  
Name: SLUPECKI, MICHAEL P  
Address: 1601 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: D  
Name: MURPHY, PAUL F  
Address: 330 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: D  
Name: COADY, JAMES D  
Address: 330 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: PCEO  
Name: GILMARTIN, KATHLEEN  
Address: 1601 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: T  
Name: SLUPECKI, MICHAEL P  
Address: 1601 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SLUPECKI

SECR

04/27/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date