FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **420346** **(9)**

1. Corporation Name
INTERIM HEALTHCARE OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
349 SAN JUAN DR PONTE VEDRA BEACH FL 32082	349 SAN JUAN DR PONTE VEDRA BEACH FL 32082-1819

3. Date Incorporated or Qualified: 03/05/1973
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21 3661 WOODLAKE DR.
22 Suite, Apt. #, etc.
23 City & State: BONITA SPGS, FLA.
24 Zip: 34134 25 Country: USA

2a. Mailing Address
26 3661 WOODLAKE DR.
27 Suite, Apt. #, etc.
28 City & State: BONITA SPRINGS, FLA.
29 Zip: 34134 30 Country: USA

4. FEI Number: 59-1445305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
READ, WILLIAM G. JR.
349 SAN JUAN DR
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name: WILLIAM G. READ, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
83 3661 WOODLAKE DR.
84 City: BONITA SPGS, FL 85 Zip Code: 34134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD READ, WILLIAM G. JR 349 SAN JUAN DRIVE PONTE VEDRA BCH FL	☒ DELETE ADDRESS	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD WILLIAM G. READ, JR. 3661 WOODLAKE DR. BONITA SPGS, FLA. 34134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD READ, ELIZABETH A. 349 SAN JUAN DRIVE PONTE VEDRA BCH FL	☒ DELETE ADDRESS	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD READ, ELIZABETH A. 3661 WOODLAKE DR. BONITA SPGS, FLA. 34134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address. WILLIAM G. READ, JR.

SIGNATURE: William G. Read Jr. President 4-4-97 941-498-0708