

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
 26-0575946

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEUKAMM, MICHAEL E
 301 E. PINE STREET, SUITE 1400
 ORLANDO, FL 32801

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

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

Kenneth H. Schultz

02/25/08

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
 NAME DEVELOPMENTAL SERVICES, INC.
 STREET ADDRESS 1095 W. MORSE BLVD.
 CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

Kenneth Schultz

02/25/08 (407) 645-3211 x135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE