APPROVED AND FILED

03 JUL -8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000479

1. Entity Name
SFBC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
11190 BISCAYNE BLVD. NORTH MIAMI, FL 33181	11190 BISCAYNE BLVD. NORTH MIAMI, FL 33181

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2407484 ☐ Applied For ☐ Not Applicable

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
HARRIS, MICHAEL D 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) 1555 PALM Beach LAKES Blvd., STE 310 City FL Zip Code

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 agents.

SIGNATURE _____ DATE

FILING FEE & CERTIFICATE OF STATUS

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	CPSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KRINSKY, LISA M.D.		NAME		
STREET ADDRESS	11190 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	EVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOLMES, GREGORY DR.		NAME		
STREET ADDRESS	11190 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	DCED	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HANTMAN, ARNOLD		NAME		
STREET ADDRESS	11190 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEVINE, JACK C.P.A.		NAME		
STREET ADDRESS	11190 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, LEONARD I DR.		NAME		
STREET ADDRESS	11190 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP		
TITLE	CFO	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	NATAN, DAVID		NAME	David Lucking	
STREET ADDRESS	11190 BISCAYNE BLVD		STREET ADDRESS	11190 Biscayne Blvd.	
CITY-ST-ZIP	MIAMI, FL 33181		CITY-ST-ZIP	Miami, FL 33181	

CR2E032 (10/02)

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06/30/03--01063--014 **550.00

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date