

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90335 044 ***150.00

DOCUMENT # F98000002692

1. Entity Name
INTERIM HEALTHCARE HOLDINGS, INC.



Principal Place of Business
1601 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

Mailing Address
1601 SAWGRASS CORP PKWY
SUNRISE, FL 33323 US

14014807



2. Principal Place of Business

3. Mailing Address

04262004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3967974

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

UMANSKY, RAPHAEL D ESQ
1601 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323

Name

Street Address (P.O. Box Number is Not Acceptable)

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 agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME CAMMARATA, DANIEL
STREET ADDRESS 1601 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE D ☐ Delete
NAME O'BRIEN, DANA
STREET ADDRESS 717 FIFTH AVE. 1100
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☐ Delete
NAME LARSON, STEPHEN L
STREET ADDRESS 717 FIFTH AVE. SUITE 1100
CITY-ST-ZIP NEW YORK, NY 10022

TITLE PCD ☒ Delete
NAME SCHUNDLER, MICHAEL F
STREET ADDRESS 1601 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE D ☐ Delete
NAME SORENSON, ALLAN C
STREET ADDRESS 1601 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE S ☐ Delete
NAME UMANSKY, RAPHAEL D
STREET ADDRESS 1601 SAWGRASS CORP PKWY
CITY-ST-ZIP SUNRISE, FL 33323

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director ☒ Change ☒ Addition
NAME Allan C. Sorensen
STREET ADDRESS 1601 Sawgrass Corporate Parkway
CITY-ST-ZIP Sunrise, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 (954) 858-6000