

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # F98000002692</b>						<b>Secretary of State</b>	
1. Entity Name <b>INTERIM HEALTHCARE HOLDINGS, INC.</b>				04-21-2008 90064 002 ***150.00			
Principal Place of Business <b>1601 SAWGRASS CORP PKWY SUNRISE, FL 33323 US</b>				Mailing Address <b>1601 SAWGRASS CORP PKWY SUNRISE, FL 33323 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>UMANSKY, RAPHAEL D ESQ 1601 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 D MURPHY, PAUL F 330 MADISON AVENUE NEW YORK, NY 10017 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP CEO / President Paul F. Murphy 1601 Sawgrass Corporate Parkway Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D COADY, JAMES D 330 MADISON AVENUE NEW YORK, NY 10017 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Sunrise, FL 33323 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SORENSEN, ALLAN C 1601 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Michael A. Slopecki 1601 Sawgrass Corporate Parkway Sunrise FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP S UMANSKY, RAPHAEL D 1601 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP Sunrise FL 33323 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PCEO COOPER, RUSSELL L 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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: 				4/15/08 954-858-6000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			