

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64902

FILED
Apr 28, 2005
Secretary of State

Entity Name: INTERIM HEALTHCARE OF NORTH FLORIDA INC.

Current Principal Place of Business:

1962B VILLAGE GREEN WAY
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1962B VILLAGE GREEN WAY
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2937987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, DAVIS ESQ
106 E COLLEGE AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GAFF, ROBERT G.,
Address: 1962-B VILLAGE GREEN WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: DSV () Delete
Name: LAVOIE, CYNTHIA A.
Address: 1962-B VILLAGE GREEN WAY
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GAFF

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date