FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State DOCUMENT # P00000113345 1. Entity Name INTERIM HEALTHCARE OF BREVARD COUNTY, INC. 05-19-2002 90077 005 ***150.00 Principal Place of Business Mailing Address 1601 SAWGRASS CORPORATE PARKWAY 1601 SAWGRASS CORPORATE PARKWAY 360897 SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1069533 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UMANSKY, RAPHAEL D Street Address (P.O. Box Number is Not Acceptable) 1601 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME UMANSKY, RAPHAEL D NAME STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33323 ☐ Delete TITLE Change ☐ Addition NAME NAME BAIRD. PHILIP. STREET ADDRESS STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY CITY-ST-7IP CITY-ST-7IP SUNRISE FL 33323 TITLE ☐ Delete TITLE ■ Addition NAME NAME MCCANN, BARBARA STREET ADDRESS STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHUNDLER, MICHAEL F STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME UMANSKY, RAPHAEL D NAME STREET ADDRESS STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 Treasurer/CFO Daniel Cammarata TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; that I am an officer or director of the corporation or the receiver dry usee empowered to two due this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attac nent wit adoress, with all oth ike empowered.

SIGNATURE:

SIGNATURE

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SIGNING OFFICER OR DIRECTO

Cammarata