


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90335 046 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P00000113362 1. Entity Name INTERIM HEALTHCARE OF LAKE LAND, INC. | | | |  | |
| Principal Place of Business 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 | | | Mailing Address 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 65-1069540 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| UMANSKY, RAPHAEL D 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D UMANSKY, RAPHAEL D 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Barbara A. McCann 1601 Sawgrass Corporate Parkway Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHUNDLER, MICHAEL F 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/CEO Allan C. Sorensen 1601 Sawgrass Corporate Parkway Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S UMANSKY, RAPHAEL D 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer/CFO Daniel Cammarata 1601 Sawgrass Corporate Parkway Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCFD CAMMARATA, DANIEL 1601 SAWGRASS CORPORATE PKWY FORT LAUDERDALE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Daniel Cammarata 1601 Sawgrass Corporate Parkway Sunrise, FL 33323 | |
| 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 | |
| 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 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: _____ 4-27-04 (954) 858-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #