

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113362

1. Entity Name  
INTERIM HEALTHCARE OF LAKELAND, INC.



FILED  
05 MAY 11 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
3615 S. FLORIDA AV  
Suite, Apt. #, etc.

3. Mailing Address  
3615 S. FLORIDA AV  
Suite, Apt. #, etc.

City & State  
LAKELAND, FL

City & State  
LAKELAND, FL

Zip  
33803

Country  
USA

Zip  
33803

Country  
USA

05092005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1069540

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UMANSKY, RAPHAEL D  
1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name  
JOSEPH LASCHNER

Street Address (P.O. Box Number is Not Acceptable)  
1936 LEE ROAD, #105B

City  
WINTER PARK FL Zip Code  
32789

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 Joseph J. Laschner Joseph J. Laschner 5/8/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

400054697764  
05/17/05--01092--005 \*\*558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMANSKY, RAPHAEL D 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, BARBARA 1601 SAWGRASS CORPORATE PKWY. SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UMANSKY, RAPHAEL D 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO CAMMARATA, DANIEL 1601 SAWGRASS CORPORATE PKWY FORT LAUDERDALE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SORENSEN, ALLAN C 1601 SAWGRASS CORPORATE PKWY. SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH LASCHNER 1936 LEE RD, #105B WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH H. ROBERTSON 855 S. FEDERAL HIGHWAY BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD M. WOCHNA 855 S. FEDERAL HIGHWAY BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERALD M. WOCHNA 855 S. FEDERAL HIGHWAY BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOSEPH LASCHNER 1936 LEE ROAD, #105B WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KENNETH H. ROBERTSON 855 S. FEDERAL HIGHWAY BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" 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: Joseph J. Laschner JOSEPH J. LASCHNER 5/8/05 (907) 415-6499  
Signature and typed or printed name of signing officer or director Date Daytime Phone #