

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000113362

FILED
Nov 07, 2007
Secretary of State

Entity Name: INTERIM HEALTHCARE OF LAKELAND, INC.

Current Principal Place of Business:

1547 LAKELAND HILLS BLVD.
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

1547 LAKELAND HILLS BLVD.
LAKELAND, FL 33803

New Mailing Address:

1095 WEST MORSE BOULEVARD
WINTER PARK, FL 32789

FEI Number: 65-1069540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMYCK, CATHY
1201 S. ORLANDO AVENUE
SUITE 300
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SCHULTZ, KENNETH H
1095 WEST MORSE BOULEVARD
WINTER PARK, FL 32789 US

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: KENNETH H. SCHULTZ

11/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SEMYCK, CATHY
Address: 1201 S. ORLANDO AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: ROBERTSON, KENNETH H
Address: 1201 S. ORLANDO AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: WOCHNA, GERALD M
Address: 1201 S. ORLANDO AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

Title: S (X) Delete
Name: SMARGON, DONNA
Address: 1201 S. ORLANDO AVENUE, SUITE 300
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BANGS, TERRY W
Address: 1095 WEST MORSE BOULEVARD
City-St-Zip: WINTER PARK, FL 32789

Title: TSD (X) Change () Addition
Name: SCHULTZ, KENNETH H
Address: 1095 WEST MORSE BOULEVARD
City-St-Zip: WINTER PARK, FL 32789

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 exemption stated 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 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: TERRY W. BANGS

PD

11/07/2007

Electronic Signature of Signing Officer or Director

Date