

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0356026 AV

DOCUMENT # P00000113362

1. Entity Name  
*Interim Healthcare of Lakeland, Inc.*  
*Formerly known as*  
*Interim Healthcare of Sarasota, Inc.*



FILED

03 APR 24 AM 8:51

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1069540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

FL

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME UMANSKY, RAPHAEL D  
STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BAIRD, PHILIP  
STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCCANN, BARBARA  
STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME SCHUNDLER, MICHAEL F  
STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME UMANASKY, RAPHAEL D  
STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY  
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☒ Change ☐ Addition  
NAME Umanasky  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME CAMMAROTA, DANIEL  
STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY  
CITY-ST-ZIP FORT LAUDERDALE FL 33323

TITLE TCFO ☒ Change ☐ Addition  
NAME Cammarata  
STREET ADDRESS  
CITY-ST-ZIP

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 or without like empowered.

SIGNATURE:

SIGNATURE REQUIRED: *Daniel Cammarata*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/03 (954) 958-6000*  
*Treas. TCFO*  
Date Daytime Phone #

CR2E034 (10/02)