

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113372

1. Entity Name

INTERIM HEALTHCARE OF VOLUSIA COUNTY, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME President
STREET ADDRESS Michael F. Schondler
CITY-ST-ZIP 1601 Sawgrass Corporate Parkway
Sunrise, FL 33323

TITLE ☐ Change ☒ Addition

NAME Secretary
STREET ADDRESS Raphael D. Umansky
CITY-ST-ZIP 1601 Sawgrass Corporate Parkway
Sunrise, FL 33323

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90119 014 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069537 ☐ Applied For
☐ Not Applicable

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

CR2E034 (10/00)