

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113372

FILED
Mar 17, 2004
Secretary of State

Entity Name: INTERIM HEALTHCARE OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

2701 S. RIDGEWOOD AVE.
WATERSIDE PLAZA STE. C-4
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

2701 S. RIDGEWOOD AVE.
WATERSIDE PLAZA STE. C-4
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 65-1069537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, FRANCES
2477 ROYAL RD.
DELAND, FL 32724

Name and Address of New Registered Agent:

MARCOLINI, ALMA
3060 N ATLANTIC AVE #505
COCOA BEACH, FL 32931

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: ALMA MARCOLINI

03/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BLANKENSHIP, LANCE
Address: 2701 S RIDGEWOOD AVE. C-4
City-St-Zip: DAYTONA BEACH, FL 32119

Title: S () Delete
Name: FAULCONER, SHANNON
Address: 2701 S. RIDGEWOOD AVE. STE. C-4
City-St-Zip: DAYTONA BEACH, FL 32119

Title: P () Delete
Name: GREGORY, LEWIS
Address: 2701 S. RIDGEWOOD AVE. STE. C-4
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GREGORY, LEWIS
Address: 2701 S RIDGEWOOD AVE. C-4
City-St-Zip: DAYTONA BEACH, FL 32119

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 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 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: SHANNON FAULCONER

S

03/17/2004

Electronic Signature of Signing Officer or Director

Date