

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90015 016 ***150.00

DOCUMENT # P00000113392
 1. Entity Name
 INTERIM HEALTHCARE OF BROWARD COUNTY, INC.



Principal Place of Business: 1601 SAWGRASS CORPORATE PARKWAY, SUNRISE, FL 33323
 Mailing Address: 1601 SAWGRASS CORPORATE PARKWAY, SUNRISE, FL 33323

54063685



2. Principal Place of Business: Suite, Apt. #, etc. City & State: Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State: Zip Country

07082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 UMANSKY, RAPHAEL D
 1601 SAWGRASS CORPORATE PARKWAY
 SUNRISE, FL 33323

4. FEI Number: 65-1069518 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan C. Sorensen	
STREET ADDRESS	1601 Sawgrass Corporate Parkway	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE: *[Signature]* Daniel Cammarata 7-8-2004 (954)858-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #