

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90196 026 \*\*\*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**

40010004



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1069518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**UMANSKY, RAPHAEL D  
1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE	D
NAME	SORENSEN, ALLAN C
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP	SUNRISE, FL 33323

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

TITLE	PCEO
NAME	SORENSEN, ALLAN C
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY
CITY-ST-ZIP	SUNRISE, FL 33323

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

TITLE	T
NAME	CAMMARATA, DANIEL
STREET ADDRESS	1601 SAWGRASS CORP. PKWY
CITY-ST-ZIP	SUNRISE, FL 33323

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 27 2006** 57 858 6600

Date

Daytime Phone #