2008 FOR PROFIT CORPORATION

FILED Apr 21, 2008 8:00 am ry of State

Applied For Not Applicable

ANNUA	L REPORT		Secre	etary of S
DOCUMENT # P00000113392 1. Entity Name INTERIM OCCUPATIONAL HEALTH, INC.				008 90064 001 ***1
Principal Place of Business 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	Mailing Address 1601 SAWGRASS CORPORATI SUNRISE, FL 33323	E PARKWAY	1 (54 (1841) 19) 54 (19 44) 17 44 (19 44)	(1) 82191 (2884 (1888 1188 1188 1188 1
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	,		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04092008 Chg-P	CR2E034 (12/06)
City & State	City & State		4. FEI Number 65-1069518	A _I

Zip		Country	Žip	Ī	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent										
UMANSKY, RAPHAEL D		Name											
1601 SAWGRASS CORPORATE PARKWAY			Street Address (P.O. Box Number is Not Acceptable)										
SUNRISE, FL 33323													
			City	•	····			FL	Zip Cod	e			
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.							and accept						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					d Agent signati	re required	when reinstaling)		[DATE			
				Election Campaid	an Einer	neina	¢Ε	00	<u> </u>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to					ed to Fees					1			
10.		OFFICERS AND D	DIRECTORS		11.			ADDITIONS	CHANGES TO	OFFICERS	AND D	IRECTOR	S IN 11
TITLE	D			☐ Delete	TITL	E	Dogo	sident /	1 Direct	mr /	CEO	Change	Addition
NAME	NAME UMANSKY, RAPHAEL D NAM			-	12.		دمات مادر	,		_			
			ET ADDRESS	Tac		VIUP PH	Core	البررد	≥ Pa	rkuzw			
CITY-ST-ZIP	SUNRISE	FL 33323			CITY	·ST-ZIP	اص	ol F. N ol Sau nrise	cgrass	Cor	2 CL		, , , , ,
TITLE	D			☐ Delete	TITL	E	50	nrise	-, ۲۲	3332	33 [☐ Change	Addition
NAME	NAME SORENSEN, ALLAN C NAM			NAM	E								
		ET ADDRESS							į				
CITY-ST-ZIP	SUNRISE	FL 33323			CITY	-ST-ZIP							
TITLE	D			Delete	TITL	E	Tre	asure	r			Change	1 Addition
NAME		I, BARBARA			NAM	Ł	NA C	اممط	P <1	usect	· .*		_ i
STREET ADDRESS			ET ADDRESS	ivite	JANGE 1) i		-	1	Paule J			
CITY-ST-ZIP	SUNRISE	E, FL 33323			CITY	-ST-ZIP	160	asure thael of Sau orise	ograss	> Cou	por	ale	iarkwa
TITLE	CEOD			Delete	TITL	ŧ	SUr	rri se	FL	33:	3,23	Change	☐ Addition
NAME	RUSSELI	L, COOPER L			NAN	E	ŀ					•	
STREET ADDRESS	1601 SAV	WGRASS CORPORATE	PKWY		STR	et address							
CITY-ST-ZIP	SUNRISE	FL 33323			CITY	·S1-ZIP	:						
TITLE	S			☐ Delete	TITL	E					[Change	☐ Addition
NAME	UMANSK	Y, RAPHAEL D			NAN	E	1						ŀ
			ET ADDRESS							1			
CITY-ST-ZIP	SUNRISE	E, FL 33323			CITY	-ST-ZIP							
TITLE ,	Р			Delete	TITL	E						Change	Addition
NAME	RUSSELI	L, COOPER L			NAM	IE .							j
STREET ADDRESS	1601 SAV	WGRASS CORP. PKWY			STR	EET ADDRESS							
CITY-ST-ZIP	SUNRISE	E, FL 33323			CITY	-ST-21P							
12. I hereby of indicated	certify that the	ne information supplied with ort or supplemental report is	this filing do	es not qualify for curate and that m	r the ex	emptions o	ontained	l in Chapter 11 same legal effe	9, Florida Stati ct as if made u	utes. I furthe	er certify	that the i	nformation or director

indicated on initial teport or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; mat 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08