

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000113392

FILED
Jan 16, 2013
Secretary of State

Entity Name: INTERIM OCCUPATIONAL HEALTH, INC.

Current Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 100
SUNRISE, FL 33323

Current Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 100
SUNRISE, FL 33323

FEI Number: 65-1069518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STROTHMAN, LLOYD F
1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

STROTHMAN, LLOYD F
1601 SAWGRASS CORPORATE PARKWAY
SUITE 100
SUNRISE, FL 33323 US

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: LLOYD STROTHMAN

01/16/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST
Name: SLUPECKI, MICHAEL P
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: MCCANN, BARBARA
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: PCEO
Name: GILMARTIN, KATHLEEN
Address: 1601 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SLUPECKI

SECR

01/16/2013

Electronic Signature of Signing Officer or Director

Date