2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023374

Entity Name: INTERIM HEALTHCARE OF SOUTH FLORIDA, INC.

FILED Feb 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 **Current Mailing Address: New Mailing Address:** 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 FEI Number: 74-3080867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: UMANSKY, RAPHAEL D 1601 SAWGRASS CORPORATE PARKWAY 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BELLO, JOSEPH Name: Name: SORENSEN, ALLAN C 9620 S.W. 59 STREET 1601 SAWGRASS CORPORATE PARKWAY Address: Address: SUNRISE, FL 33323 US City-St-Zip: MIAMI, FL 33173 DA City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: BELLO, BIANKA Name: UMANSKY, RAPHAEL 9620 S.W. 59 STREET 1601 SAWGRASS CORPORATE PARKWAY Address: Address: MIAMI, FL 33173 SUNRISE, FL 33323 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SORENSEN, ALLAN C Name: Name: 1601 SAWGRASS CORPORATE PARKWAY Address: Address: SUNRISE, FL 33323 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition UMANSKY, RAPHAEL D Name: Name: Address: 1601 SAWGRASS CORPORATE PARKWAY Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: Title: Title: () Delete () Change () Addition MCCANN, BARBARA A Name: Name: 1601 SAWGRASS CORPORATE PARKWAY Address: Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: Title: () Delete Title: TREA () Change (X) Addition Name: Name: CAMMARATA, DANIEL 1601 SAWGRASS CORPORATE PARKWAY Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33323 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DANIEL CAMMARATA TREA 02/27/2006