
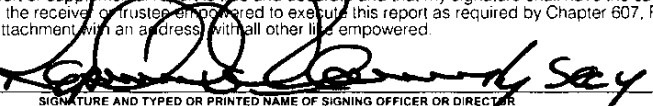


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90218 009 ***150.00

DOCUMENT # P03000023374 1. Entity Name INTERIM HEALTHCARE OF SOUTH FLORIDA, INC.					
Principal Place of Business 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			Mailing Address 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 74-3080867 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UMANSKY, RAPHAEL D 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORESEN, ALLAN C <input checked="" type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UMANSKY, RAPHAEL <input type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORESEN, ALLAN C <input type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMANSKY, RAPHAEL D <input checked="" type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, BARBARA A <input type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CAMMARATA, DANIEL <input checked="" type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME President/CEO STREET ADDRESS Russell L. Cooper CITY-ST-ZIP 1601 Sawgrass Corporate Parkway Sunrise, FL 33323					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Secretary / Director STREET ADDRESS CITY-ST-ZIP					
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 <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 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 lines empowered.					
SIGNATURE:  APR 20 2007 954.858.2852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					