# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2008**
**Secretary of State**

DOCUMENT# P03000023374

**Entity Name:** INTERIM HEALTHCARE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

**New Principal Place of Business:**

9580 SW 107 AVE
101
MIAMI, FL 33176

**Current Mailing Address:**

1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

**New Mailing Address:**

9580 SW 107 AVE
101
MIAMI, FL 33176

**FEI Number: 74-3080867** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CROMER, THOMAS S
7741 SW 145 ST
MIAMI, FL 33158 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: THOMAS CROMER 04/15/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete
Name: COOPER, RUSSELL L
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323 US

Title: SD ( ) Delete
Name: UMANSKY, RAPHAEL
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323 US

Title: D (X) Delete
Name: SORENSEN, ALLAN C
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Delete
Name: MCCANN, BARBARA A
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: CROMER, LYNN
Address: 9580 SW 107 AVE, #101
City-St-Zip: MIAMI, FL 33176 US

Title: CEO (X) Change ( ) Addition
Name: CROMER, THOMAS
Address: 9580 SW 107 AVE, #101
City-St-Zip: MIAMI, FL 33176 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS CROMER CEO 04/15/2008
Electronic Signature of Signing Officer or Director Date