2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023374

MIAMI, FL 33176 US

City-St-Zip:

Entity Name: INTERIM HEALTHCARE OF SOUTH FLORIDA, INC.

FILED Apr 17, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
9580 SW -	107 AVE				
101 MIAMI, FL	33176				
Current Mailing Address:			New Mailing Address:		
9580 SW -	107 AVE		7741 SW 145 ST		
101 MIAMI, FL	33176		MIAMI, FL 33158		
FEI Number	: 74-3080867	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
7741 SW ² MIAMI, FL	33158 US	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (CROMER, LYN 9580 SW 107 MIAMI, FL 331	AVE, #101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CEO (CROMER, THO 9580 SW 107		Title: Name: Address:	() Change () Addition	

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 04/17/2009