

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000023374

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

9580 SW 107 AVE  
101  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9580 SW 107 AVE  
101  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 74-3080867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROMER, THOMAS S  
7741 SW 145 ST  
MIAMI, FL 33158 US

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

LABARTA, LYNN  
9580 SW 107 AVE  
101  
MIAMI, FL 33176 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: LYNN LABARTA

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LABARTA, LYNN  
Address: 9580 SW 107 AVE, #101  
City-St-Zip: MIAMI, FL 33176 US

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: LYNN LABARTA

PRES

03/30/2010

Electronic Signature of Signing Officer or Director

Date