

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023374

**FILED**  
**Jun 14, 2011**  
**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:**

13155 SW 42ND STREET  
108  
MIAMI, FL 33175

**Current Mailing Address:**

9580 SW 107 AVE  
101  
MIAMI, FL 33176

**New Mailing Address:**

13155 SW 42ND STREET  
108  
MIAMI, FL 33175

**FEI Number:** 74-3080867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

SALAZAR, NELSON  
13155 SW 42ND STREET  
108  
MIAMI, FL 33175 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: NELSON M SALAZAR

06/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SOTOLONGO, YANIRA  
Address: 13155 SW 42ND STREET SUITE 108  
City-St-Zip: MIAMI, FL 33175 US

Title: CFO  
Name: SALAZAR, NELSON  
Address: 13155 SW 42ND STREET  
City-St-Zip: MIAMI, FL 33175

Title: SEC  
Name: LABARTA, LYNN  
Address: 13155 SW 42ND STREET  
City-St-Zip: MIAMI, FL 33175

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: NELSON SALAZAR

CFO

06/14/2011

Electronic Signature of Signing Officer or Director

Date