

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38314

1. Entity Name

INTERIM PHYSICIANS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90045 028 ***150.00

Principal Place of Business

2050 SPECTRUM BLVD.
 FT. LAUDERDALE FL 33309
 US

Mailing Address

2050 SPECTRUM BLVD
 FT LAUDERDALE FL 33309-3008
 US

2. Principal Place of Business

1601 SAWGRASS CORP. PKY
 Suite, Apt. #, etc.

3. Mailing Address

1601 SAWGRASS CORP. PKY
 Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

22-2493454

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33323

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

UMANSKY, RAPHAEL D
 2050 SPECTRUM BLVD.
 FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1601 SAWGRASS CORPORATE PARKWAY

City

SUNRISE

FL

Zip Code

33323

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCED	<input type="checkbox"/> Delete
NAME	BOOTH, JAMES H.	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GILMARTIN, KATHLEEN	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	UMANSKY, RAPHAEL D.	
STREET ADDRESS	2050 SPECTRUM BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGGARD, PAUL	
STREET ADDRESS	2050 SPECTRUM BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, DANA J.	
STREET ADDRESS	717 FIFTH AVE STE 110	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	GETZ, ROBERT H.	
STREET ADDRESS	717 FIFTH AVE STE 110	
CITY-ST-ZIP	NEW YORK NY 10022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	CORK, PHILIP
CITY-ST-ZIP	1601 SAWGRASS CORPORATE PARKWAY
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

(954) 858-6000