

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90116 004 \*\*\*150.00

**DOCUMENT # P38314**

1. Entity Name

**INTERIM PHYSICIANS, INC.**

Principal Place of Business

**1601 SAWGRASS CORP. PKWY  
SUNRISE FL 33323  
US**

Mailing Address

**1601 SAWGRASS CORP. PKWY  
SUNRISE FL 33323  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2493454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UMANSKY, RAPHAEL D  
1601 SAWGRASS CORP. PKWY  
SUNRISE FL 33323**

Name

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

City

**FL**

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCED  
BOOTH, JAMES H.  
1601 SAWGRASS CORP. PKWY  
SUNRISE FL 33323** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President/CEO/Director  
Michael F. Schundler  
1601 Sawgrass Corporate Parkway  
Sunrise, FL 33323** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCOD  
GILMARTIN, KATHLEEN  
1601 SAWGRASS CORP. PKWY  
SUNRISE FL 33323** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
UMANSKY, RAPHAEL D  
1601 SAWGRASS CORP. PKWY  
SUNRISE FL 33323** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CORK, PHILIP  
1601 SAWGRASS CORP. PKWY  
SUNRISE FL 33323** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
O'BRIEN, DANA J.  
717 FIFTH AVE STE 110  
NEW YORK NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GETZ, ROBERT H.  
717 FIFTH AVE STE 110  
NEW YORK NY 10022** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Stephen L. Larson  
717 Fifth Avenue, Suite 1100  
New York, NY 10022** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Secretary** **04-24-01** **(954) 858-6000**  
Date Daytime Phone #

CR2E034(10/00)