


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90335 049 \*\*\*150.00

<b>DOCUMENT # P38314</b> 1. Entity Name INTERIM PHYSICIANS, INC.	
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Principal Place of Business 1601 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US	Mailing Address 1601 SAWGRASS CORP. PKWY SUNRISE, FL 33323 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04262004 Chg-P CR2E034 (10/03)



4. FEI Number 22-2493454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  UMANSKY, RAPHAEL D 1601 SAWGRASS CORP. PKWY SUNRISE, FL 33323	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCED SCHUNDLER, MICHAEL F 1601 SAWGRASS CORP. PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/CEO/ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Allan C. Sorensen 1601 Sawgrass Corporate Parkway Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S UMANSKY, RAPHAEL D 1601 SAWGRASS CORP. PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, DANA J. 717 FIFTH AVE SUITE #1100 NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSON, STEPHEN L 717 FIFTH AVE SUITE #1100 NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO CAMMARATA, DANIEL 1601 SAWGRASS CORP. PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

4-27-04 (954) 858-6000