

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38314

FILED
Mar 02, 2010
Secretary of State

Entity Name: INTERIM PHYSICIANS, INC.

Current Principal Place of Business:

1601 SAWGRASS CORP. PKWY
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

12140 WOODCREST EXECUTIVE DR
ST. LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 22-2493454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: HAND, TIMOTHY P SR
Address: 12140 WOODCREST EXECUTIVE DR SUITE 310
City-St-Zip: ST. LOUIS, MO 63141

Title: CHAI
Name: MURPHY, PAUL F
Address: 1601 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

Title: T
Name: SLUPECKI, MICHAEL P
Address: 1601 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: COADY, JAMES
Address: 1601 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: FITZPATRICK, THOMAS
Address: 1601 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323

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: TIMOTHY SARLONE

CONT

03/02/2010

Electronic Signature of Signing Officer or Director

Date