FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000001492201
-05/17/95--01160--024
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000075705 (1)

1. Corporation Name
INTERIM HEALTHCARE OF MIAMI, INC.

Principal Place of Business	Mailing Address
C/O DAVID B. MITCHELL ~~896 S DIXIE HWY~~ ~~CORAL GABLES FL 33146~~	C/O DAVID B. MITCHELL ~~896 S DIXIE HWY~~ ~~CORAL GABLES FL 33146~~

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 2100 Ponce de Leon Boulevard; Suite, Apt. #, etc. 22 Ste. 920; City & State 23 Coral Gables; Zip 24 33146; Country 25 Dade

2a. Mailing Address: 26 2100 Ponce de Leon Boulevard; Suite, Apt. #, etc. 27 Ste. 920; City & State 28 Coral Gables FL; Zip 29 33146; Country 30 Dade

4. FEI Number: 65-0518609 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, DAVID B
896 S DIXIE HWY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2100 Ponce de Leon Boulevard
83 Ste. 920
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sec. ... Florida Statutes.

SIGNATURE [signature] DAVID B. MITCHELL 1.11.95

(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERTZ, BRADLEY
STREET ADDRESS	8616 GRIFFIN RD
CITY ST ZIP	COOPER CITY FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	geb	
6.3 STREET ADDRESS	5-1-95	
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160324 CP