FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
May 02 1996 8:00 am
Secretary of State

DOCUMENT # P94000075705 (1)

1. Corporation Name

INTERIM HEALTHCARE OF MIAMI, INC.

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD. STE. #920 CORAL GABLES FL 33146 US	2100 PONCE DE LEON BLVD. STE. #920 CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 8616 Griffin Road	26 8616 Griffin Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cooper City, Florida	City & State 28 Cooper City, Florida
Zip 24 33328 / Country 25 Broward	Zip 29 33328 / Country 30 Broward

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
2100 PONCE DE LEON BLVD.
STE. #920
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name: Eugene P. Samuels
82 Street Address (P.O. Box Number is Not Acceptable): 8616 Griffin Road
83
84 City: Cooper City FL 85 Zip Code: 33328

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 Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 4/19/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HERTZ, BRADLEY		1.2 NAME	
STREET ADDRESS	8616 GRIFFIN RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33328		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	700001805377
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-05/02/96--01073--020
TITLE		☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	5-2-96
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition JR
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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] BRAD HERTZ — 4-15-96 — 305 434-1816

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