


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089008 (3)

1. Corporation Name

INTERIM OCCUPATIONAL HEALTH INC.

Principal Place of Business

2050 SPECTRUM BLVD.
FORT LAUDERDALE FL 33309

Mailing Address

2050 SPECTRUM BLVD.
FORT LAUDERDALE FL 33309-3799

3. Date Incorporated or Qualified

11/17/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMITH, JOHN B ESQ.
2050 SPECTRUM BLVD.
FORT LAUDERDALE FL 33309

4. FEI Number

65-0626627

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

D
NAME: SORENSEN, ALLAN C
STREET ADDRESS: 2050 SPECTRUM BLVD.
CITY-ST-ZIP: FORT LAUDERDALE FL 33309

☐ DELETE

1.2 NAME

D
NAME: MARCY, RAYMOND
STREET ADDRESS: 2050 SPECTRUM BLVD.
CITY-ST-ZIP: FORT LAUDERDALE FL 33309

☐ DELETE

1.3 STREET ADDRESS

D
NAME: SMITH, JOHN B
STREET ADDRESS: 2050 SPECTRUM BLVD.
CITY-ST-ZIP: FORT LAUDERDALE FL 33309

☐ DELETE

1.4 CITY-ST-ZIP

VP
NAME: KRAUSE, ROY G.
STREET ADDRESS: 2050 SPECTRUM BLVD.
CITY-ST-ZIP: FT. LAUDERDALE FL

☐ DELETE

1.5 CITY-ST-ZIP

VPT
NAME: HAGGARD, PAUL
STREET ADDRESS: 2050 SPECTRUM BLVD.
CITY-ST-ZIP: FT. LAUDERDALE FL

☐ DELETE

1.6 CITY-ST-ZIP

VP
NAME: LIVONIUS, ROBERT E.
STREET ADDRESS: 2050 SPECTRUM BLVD.
CITY-ST-ZIP: FT. LAUDERDALE FL

☐ DELETE

1.7 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Haggard, Fin VP/Treas

4/14/97

(954) 938-7600

0200000

CR2E034 (9/96)