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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90282 022 \*\*\*150.00

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DOCUMENT # P95000089008

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

UMANSKY, RAPHAEL D  
2050 SPECTRUM BLVD.  
FORT LAUDERDALE FL 33309

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

TITLE PCEO ☐ DELETE  
NAME BOOTH, JAMES H.  
STREET ADDRESS 2050 SPECTRUM BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE VCOD ☐ DELETE  
NAME GILMARTIN, KATHLEEN  
STREET ADDRESS 2050 SPECTRUM BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE S ☐ DELETE  
NAME UMANSKY, RAPHAEL D.  
STREET ADDRESS 2050 SPECTRUM BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE D ☐ DELETE  
NAME O'BRIEN, DANA J.  
STREET ADDRESS 717 FIFTH AVENUE, SUITE 110  
CITY-ST-ZIP NEW YORK NY 10022

TITLE VTD ☐ DELETE  
NAME HAGGARD, PAUL  
STREET ADDRESS 2050 SPECTRUM BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE  
NAME GETZ, ROBERT H.  
STREET ADDRESS 717 5TH AVENUE SUITE 110  
CITY-ST-ZIP NEW YORK NY 10022

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  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)