

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089008

1. Entity Name

INTERIM OCCUPATIONAL HEALTH INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90206 006 ***150.00

Principal Place of Business	Mailing Address
1601 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323	1601 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323-2827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0626627		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UMANSKY, RAPHAEL D ESQ
 1601 SAWGRASS CORPORATE PARKWAY
 SUNRISE FL 33323

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BOOTH, JAMES H. 2050 SPECTRUM BLVD. FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOD GILMARTIN, KATHLEEN 2050 SPECTRUM BLVD. FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UMANSKY, RAPHAEL D. 2050 SPECTRUM BLVD. FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, DANA J. 717 FIFTH AVENUE, SUITE 110 NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAGGARD, PAUL 2050 SPECTRUM BLVD. FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VTD CORK, PHILIP 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETZ, ROBERT H. 717 5TH AVENUE SUITE 110 NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

4/24/00 (954) 858-6000
 Date Daytime Phone #

CR2E034 (9/99)