

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000089008**

1. Entity Name

INTERIM OCCUPATIONAL HEALTH INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90122 019 ***150.00

Principal Place of Business

Mailing Address

**1601 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323****1601 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0626627

Applied For

Not Applicable

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

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

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

(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, 2001 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	<input type="checkbox"/> Delete
PCEO	BOOTH, JAMES H.	1601 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33323	<input checked="" type="checkbox"/>
VCOD	GILMARTIN, KATHLEEN	1601 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33323	<input checked="" type="checkbox"/>
S	UMANSKY, RAPHAEL D.	1601 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33323	<input type="checkbox"/>
D	O'BRIEN, DANA J.	717 FIFTH AVENUE, SUITE 110	NEW YORK NY 10022	<input type="checkbox"/>
VTD	CORK, PHILIP	1601 SAWGRASS CORPORATE PARKWAY	SUNRISE FL 33323	<input checked="" type="checkbox"/>
D	GETZ, ROBERT H.	717 5TH AVENUE SUITE 110	NEW YORK NY 10022	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President/CEO/Director	Michael F. Schundler	1601 Sawgrass Corporate Parkway	Sunrise, FL 33323	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Director	Stephen L. Larson	717 Fifth Avenue, Suite 1100	New York, NY 10022	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2504 (10/00)

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

Date

Daytime Phone #

4-24-01 (954) 858-6000