

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90077 006 ***150.00

DOCUMENT # P95000089008

1. Entity Name
INTERIM OCCUPATIONAL HEALTH INC.

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

360896



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 | |

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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | PCEO <input checked="" type="checkbox"/> Delete | TITLE P | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHUNDLER, MICHAEL F | NAME | Allan C. Sorensen |
| STREET ADDRESS | 1601 SAWGRASS CORPORATE PARKWAY | STREET ADDRESS | 1601 Sawgrass Corporate Pkwy. |
| CITY-ST-ZIP | SUNRISE FL 33323 | CITY-ST-ZIP | Sunrise, FL 33323 |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UMANSKY, RAPHAEL D. | NAME | |
| STREET ADDRESS | 1601 SAWGRASS CORPORATE PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE FL 33323 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'BRIEN, DANA J. | NAME | |
| STREET ADDRESS | 717 FIFTH AVENUE, SUITE 110 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10022 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARSON, STEPHEN L | NAME | |
| STREET ADDRESS | 717 5TH AVENUE SUITE 110 | STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10022 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE T | Treasurer/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Daniel Cammarata |
| STREET ADDRESS | | STREET ADDRESS | 1601 Sawgrass Corporate Pkwy. |
| CITY-ST-ZIP | | CITY-ST-ZIP | Sunrise, FL 33323 |
| TITLE | <input type="checkbox"/> Delete | TITLE | Director and CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Michael F. Schondler |
| STREET ADDRESS | | STREET ADDRESS | 1601 Sawgrass Corporate Parkway |
| CITY-ST-ZIP | | CITY-ST-ZIP | Sunrise, FL 33323 |

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: _____ **Treasurer/CFO 4-5-02 (954) 858-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)