

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90218 017 ***150.00

DOCUMENT # P95000089008

1. Entity Name
INTERIM HEALTHCARE NATIONAL SERVICES, INC.



Principal Place of Business
1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Mailing Address
1601 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007

Chg-P

CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	CEO SORENSEN, ALLAN C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE NAME	SD UMANSKY, RAPHAEL D.	<input type="checkbox"/> Delete
STREET ADDRESS	1601 SAWGRASS CORPORATE PARKWAY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE NAME	D MCCANN, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33323	
TITLE NAME	CFO CAMMARATA, DANIEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	SUNRISE, FL 33323	
TITLE NAME	PD SORENSEN, ALLAN C	<input type="checkbox"/> Delete
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33323	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Russell L. Cooper	
CITY- ST- ZIP	1601 Sawgrass Corporate Parkway Sunrise, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20 2007

Date

Daytime Phone #

954.858.2852