


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90064 027 ***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		4. FEI Number 65-0626627	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COOPER, RUSSELL L <input checked="" type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul F. Murphy 1601 Sawgrass Corporate Parkway Sunrise FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UMANSKY, RAPHAEL D. <input type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, BARBARA <input type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PKWY FORT LAUDERDALE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael P. Slopecki <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 Sawgrass Corporate Parkway Sunrise FL 33323	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORESEN, ALLAN C <input type="checkbox"/> Delete 1601 SAWGRASS CORPORATE PKWY FORT LAUDERDALE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/15/08 954-858-6000 Date Daytime Phone #		