## P95000089008

(Red	questor's Name)	<del></del>
(Add	dress)	
(Add	dress)	- · · · · · · · · · · · · · · · · · · ·
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





800180539028

05/10/10--01041--001 \*\*35.00



Mylison



## **Corporate Filing Transmittal Form**

Order #: COA-42		From: Date:	May 4, 2010	
Target Name Dom Jud Interim Healthcare National Services, Inc. FL			Dom Juris	
Attached for filing,	please find the followin	g:	<del></del>	
Change of Registered Agent				
Please return the o	original evidence to the f	ollowing:		<del></del> -
NRAI Corporate Ser 2 Club Centre Cour Edwardsville, IL 62	rt, Suite 5			:
Special Instruction	s/Notes:			
Please Send Via:	☐ Fax:	☐ FedEx	⊠ Mai	<del></del>

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!

## 4 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.			
<del></del>	the corporation: Interim Healthcare National Services, Inc.			
The traine of the corporation:     The principal office address: 12140 Woodcrest Executive Drive, Ste. 310, St. Louis, MO 63141				
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/17/1995 Document number: P9500089008			
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State:			
	Lloyd F. Strothman			
	1601 Sawgrass Corporate Parkway			
	Sunrise, FL 33323			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			
	2731 Executive Park Drive, Suite 4			
	(P.O. Box NOT acceptable)			
	Weston, FL 33331			
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.			
Such change we authorized by the	es authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.			
	Timothy Hand, Pres.  (Printed or typed name and title)			
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.			
anta	nee 5/3/10			
	gnature of Registered Agent) (Date)			
0 0	chalf of an entity:			
INFAI SEIVICES,	Inc., Sean L. Emerick, Asst. Secy.			

\* \* \* FILING FEE: \$35.00 \* \* \*

(Typed or Printed Name)