

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089008

FILED
Mar 16, 2011
Secretary of State

Entity Name: INTERIM HEALTHCARE NATIONAL SERVICES, INC.

Current Principal Place of Business:

12140 WOODCREST EXECUTIVE DRIVE, STE 310
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

12140 WOODCREST EXECUTIVE DRIVE, STE 310
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 65-0626627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HAND, TIMOTHY
Address: 12140 WOODCREST EXECUTIVE DRIVE, SUITE 310
City-St-Zip: ST. LOUIS, MO 63141

Title: S
Name: SARLONE, TIMOTHY
Address: 12140 WOODCREST EXECUTIVE DRIVE, SUITE 310
City-St-Zip: ST. LOUIS, MO 63141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY HAND

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03/16/2011

Electronic Signature of Signing Officer or Director

Date