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2003 FOR PROFIT CORPORATION FORM BUSINESS REPORT (UBR

SIGNATURE:

P95000089008 **DOCUMENT#** P95000089008 03 MAY -6 PM 3: 17 1. Entity Name INTERIM OCCUPATIONAL HEALTH INC. SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1601 SAWGRASS CORPORATE PARKWAY 1601 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 SUNTRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0626627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UMANSKY, RAPHAEL D ESQ Street Address (P.O. Box Number is Not Acceptable) 1601 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 City 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. Lam 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Channe ☐ Addition NAME SORENSON, ALLAN C NAME 1601 SAWGRASS CORPORATE PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP TILE Delete TITLE ☐ Change ☐ Addition NAME UMANSKY, RAPHAEL D. NAME STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP TIME Delete TITLE ☐ Change ☐ Addition NAME NAME O'BRIEN, DANA J. Suite# 1100 STREET ADDRESS 717 FIFTH AVENUE, SUITE 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 TITLE Delete TITLE Addition NAME LARSON, STEPHEN L NAME Quite# 1100 STREET ADDRESS 717 5TH AVENUE SUITE 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 TITLE ☐ Delete TITLE Change Addition NAME CAMMARATA, DANIEL NAME STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY STREET ADDRESS CITY ST-719 SUNRISE FL 33323 CITY-ST-ZIP tine **DCEO** ☐ Delete TITLE D ☐ Addition NAME SCHUNDLER, MICHAEL F NAME 1601 SAWGRASS CORPORATE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP 12. 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 the 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 of 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. REQUIF