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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055167 (6)

INTERIM HEALTHCARE OF DADE, INC.

Principal Place of Business Mailing Address COCO O DADELAND BLVD STE 122 A-9999 C-DADELAND-BLVD-STE-129-A MANN FL-80158 8676 Grisfin Road 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996 4. FEI Number 2a. Mailing Address Applied For 65-067*6*936 21 Not Applicable 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 2ω 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. 82 Street Address STE. 1 83 TALLAHASSEE FL 32301-1283 City 84 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with and accept the Soc. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. of Florid Standard, typed or pertour any of age (NOTE: Registered Agent signature required when reinstating) ed agent and title flags icable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 S AND DIRECTORS 13. (96/6) Addition DELETE Change 11 TITLE DIVE HERTZ, BRADLEY NAMi 1.2 NAME 8616 GRIFFIN RD 1.3 STREET ADDRESS STREET ADDRESS. FT LAUDERDALE FL 33328 1.4 CITY-ST-ZIP OHY - 51 - 28 DELETE Change Addition 2.1 TITLE TIFLE MALT 22 NAME STREET LADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP C(TY - ST - 7)P DELETE Change ___ Addition 1016 3.1 TITLE 3.2 NAME NAM 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP DELETE 41 TITLE ☐ Change Addition TIDE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP Change ■ Addition OFLETE 5.1 TITLE NAMI 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP Addition DELETE Change THEFT 6.1 TITLE NoV: 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 00Y-S1-79 6.4 CITY-ST-ZIP 14. If do 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 incleated on this annual report of pupplicitiental innual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the deceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corporate appears in Block 12 or Block 13 if child

FILED
May 01 1997 8:00am
Secretary of State

