

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90195 027 \*\*\*150.00

**DOCUMENT # P97000089131**

1. Entity Name  
INTERIM HEALTHCARE EMPLOYER SERVICES, INC.



Principal Place of Business  
RAPHAEL UMANSKY, ESQ.  
1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

Mailing Address  
RAPHAEL UMANSKY, ESQ.  
1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

40079598



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0795413

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UMANSKY, RAPHAEL D  
1601 SAWGRASS CORP PKWY  
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

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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SORESEN, ALLAN C ☐ Delete  
STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY  
CITY - ST - ZIP SUNRISE, FL 33323

TITLE D ☒ Delete  
NAME O'BRIEN, DANA J  
STREET ADDRESS 717 FIFTH AVE STE 110  
CITY - ST - ZIP NEW YORK, NY 10022

TITLE S ☐ Delete  
NAME UMANSKY, RAPHAEL D.  
STREET ADDRESS 1601 SAWGRASS CORPORATE PARKWAY  
CITY - ST - ZIP SUNRISE, FL 33323

TITLE D ☒ Delete  
NAME LARSON, STEPHEN L  
STREET ADDRESS 717 FIFTH AVE STE 110  
CITY - ST - ZIP NEW YORK, NY 10022

TITLE ☐ Delete  
NAME CAMMARATA, DANIEL  
STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY  
CITY - ST - ZIP SUNRISE, FL 33323

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/CEO ☒ Change ☐ Addition  
NAME Allan C. Sorensen  
STREET ADDRESS 1601 Sawgrass Corporate Pkwy  
CITY - ST - ZIP Sunrise FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE S/D ☒ Change ☐ Addition  
NAME Raphael D. Umansky  
STREET ADDRESS 1601 Sawgrass Corporate Pkwy  
CITY - ST - ZIP Sunrise FL 33323

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Change ☒ Addition  
NAME Barbara McCann  
STREET ADDRESS 1601 Sawgrass Corporate Pkwy  
CITY - ST - ZIP Sunrise FL 33323

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

APR 27 2006

Date

Daytime Phone #

954-858-6000