

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90166 046 ***150.00

DOCUMENT # P97000089131

1. Entity Name
INTERIM HEALTHCARE OF MIAMI-DADE 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0795413**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UMANSKY, RAPHAEL D
1601 SAWGRASS CORP PKWY
SUNRISE FL 33323**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **SCHUNDLER, MICHAEL F**
STREET ADDRESS **1601 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE FL 33323**

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **Suite# 1100**
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE **D** ☐ Delete
NAME **LARSON, STEPHEN L**
STREET ADDRESS **727 FIFTH AVENUE., STE 10D**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **717 Fifth Avenue, Suite# 1100**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE **TCFO** ☐ Change ☒ Addition
NAME **Daniel Cammarata**
STREET ADDRESS **1601 Sawgrass Corporate Parkway**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE **D** ☐ Change ☒ Addition
NAME **Michael F. Schundler**
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED

Daniel Cammarata, 4/15/03 (954) 858-6000
Date Daytime Phone #

CR2E034 (10/02)