

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098913

1. Entity Name

INTERIM THERAPY SERVICES INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90119 013 \*\*\*150.00

Principal Place of Business

Mailing Address

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

RAPHAEL D. 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 65-0799446

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UMANSKY, RAPHAEL D  
1601 SAWGRASS CORPORATE 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD  
NAME BOOTH, JAMES H  
STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY  
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

TITLE President/CEO/Director  
NAME Michael F. Schundler  
STREET ADDRESS 1601 Sawgrass Corporate Parkway  
CITY-ST-ZIP Sunrise, FL 33323 ☐ Change ☒ Addition

TITLE VCOO  
NAME GILMARTIN, KATHLEEN  
STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY  
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

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

TITLE VTD  
NAME CORK, PHILIP  
STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY  
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

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

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

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

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

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

TITLE D  
NAME GETZ, ROBERT H  
STREET ADDRESS 717 FIFTH AVENUE SUITE 110  
CITY-ST-ZIP NEW YORK NY 10022 ☒ Delete

TITLE Director  
NAME Stephen L. Larson  
STREET ADDRESS 717 Fifth Avenue, Suite 1100  
CITY-ST-ZIP New York, NY 10022 ☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 04-24-01 (954) 858-6000  
Date Daytime Phone #

CR2E034 (10/00)