

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90391 025 ***150.00

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1. Entity Name
INTERIM THERAPY SERVICES INC.



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

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

14012626



04252005 Chg-P CR2E034 (10/03)

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

UMANSKY, RAPHAEL D
1601 SAWGRASS CORPORATE 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SORENSEN, ALLAN C	
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	S	<input type="checkbox"/> Delete
NAME	UMANSKY, RAPHAEL D	
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, DANA J	
STREET ADDRESS	717 FIFTH AVENUE, SUITE 1100	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, STEPHEN L	
STREET ADDRESS	717 FIFTH AVENUE, SUITE 1100	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	CAMMARATA, DANIEL	
STREET ADDRESS	1601 SAWGRASS CORPORATE PKWY	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Raphael D. Umansky

4-26-2005 (954) 858-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #