

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90046 039 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000077471**

1. Corporation Name

**INTERIM HEALTHCARE STAFFING INC.**

Principal Place of Business  
**2050 SPECTRUM BOULEVARD  
FORT LAUDERDALE FL 33309**

Mailing Address  
**2050 SPECTRUM BOULEVARD  
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/08/1998**

4. FEI Number

**65-0866202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UMANSKY, RAPHAEL D  
% INTERIM HEALTHCARE STAFFING INC.  
2050 SPECTRUM BLVD.  
FORT LAUDERDALE FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**P/CEO/D  
James H. Booth  
2050 Spectrum Blvd.  
Ft. Lauderdale, FL 33309**

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**VP/COO/D  
Kathleen Gilmartin  
2050 Spectrum Blvd.  
Ft. Lauderdale, FL 33309**

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**VP/T/CEO/D  
Paul Haggard  
2050 Spectrum Blvd.  
Ft. Lauderdale, FL 33309**

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**S  
Raphael D. Umansky  
2050 Spectrum Blvd.  
Ft. Lauderdale, FL 33309**

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**D  
Dana J. O'Brien  
717 Fifth Avenue Suite 110  
New York, NY 10022**

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**D  
Robert H. Getz  
717 Fifth Avenue Suite 110  
New York, NY 10022**

☐ Change ☒ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Paul Haggard** 04-26-99 (954) 958-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

**INTERIM HEALTHCARE STAFFING, INC.**  
**OFFICERS AND DIRECTORS**

545 621-90046-39  
Doc#  
79800007471

**JAMES H. BOOTH, PRESIDENT, CEO, DIRECTOR**

D.O.B. 02-09-48 ; SS#115-38-4978

**BUSINESS:**

2050 SPECTRUM BLVD  
FORT LAUDERDALE, FL 33309

**RESIDENCE:**

2997 WENTWORTH  
FT. LAUDERDALE, FL 33332

**KATHLEEN GILMARTIN, VICE PRESIDENT, COO, DIRECTOR**

D.O.B. 02-04-52; SS#077-46-2751

**BUSINESS:**

2050 SPECTRUM BLVD  
FORT LAUDERDALE, FL 33309

**RESIDENCE:**

656 SW 14 STREET  
BOCA RATON, FL 33486

**PAUL HAGGARD, VICE PRESIDENT, TREASURER, CFO, DIRECTOR**

D.O.B. 05-05-52; SS#022-42-0026

**BUSINESS:**

2050 SPECTRUM BLVD  
FORT LAUDERDALE, FL 33309

**RESIDENCE:**

11010 SW 38TH DRIVE  
DAVIE, FL 33328

**RAPHAEL D. UMANSKY, SECRETARY**

D.O.B. 05-09-50; SS#152-40-2103

**BUSINESS:**

2050 SPECTRUM BLVD  
FORT LAUDERDALE, FL 33309

**RESIDENCE:**

694 VERONA COURT  
FORT LAUDERDALE, FL 33326

**DANA J. O'BRIEN, DIRECTOR**

D.O.B. 02-16-56; SS#061-54-0796

**BUSINESS:**

717 FIFTH AVENUE, SUITE 110  
NEW YORK, NY 10022

**RESIDENCE:**

52 CLUB ROAD  
RIVERSIDE, CT 06878

**ROBERT H. GETZ, DIRECTOR**

D.O.B. 03-30-62; SS#080-38-1547

**BUSINESS:**

717 FIFTH AVENUE, SUITE 110  
NEW YORK, NY 10022

**RESIDENCE:**

167 E. 82ND STREET, APT 10D  
NEW YORK, NY 10028

AS OF  
2/3/99