

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000077471**

1. Entity Name

INTERIM HEALTHCARE STAFFING INC.**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90206 008 ***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 33323-2827

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

65-0866202

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****UMANSKY, RAPHAEL D**
% INTERIM HEALTHCARE STAFFING INC.
2050 SPECTRUM BLVD.
FORT LAUDERDALE FL 33309

Name

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

1601 SAWGRASS CORPORATE PARKWAYCity **SUNRISE****FL**Zip Code **33323**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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** ☐ Delete
NAME **BOOTH, JAMES H**
STREET ADDRESS **2050 SPECTRUM BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1601 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**TITLE **VTCD** ☐ Delete
NAME **GILMARTIN, KATHLEEN**
STREET ADDRESS **2050 SPECTRUM BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1601 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**TITLE **VTCD** ☒ Delete
NAME **HAGGAR, PAUL**
STREET ADDRESS **2050 SPECTRUM ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE **VTCD** ☐ Change ☒ Addition
NAME **CORK, PHILIP**
STREET ADDRESS **1601 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**TITLE **S** ☐ Delete
NAME **UMANSKY, RAPHAEL D**
STREET ADDRESS **2050 SPECTRUM BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1601 SAWGRASS CORPORATE PARKWAY**
CITY-ST-ZIP **SUNRISE, FL 33323**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
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GETZ, ROBERT H**
STREET ADDRESS **717 FIFTH AVENUE, STE. 110**
CITY-ST-ZIP **NEW YORK NY 10022**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00

Date

(954) 858-6000

Daytime Phone #

CR2E034 (9/99)