


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90335 048 ***150.00

DOCUMENT # P98000077471					
1. Entity Name INTERIM HEALTHCARE STAFFING 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		
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCD NAME SCHUNDLER, MICHAEL F STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		TITLE President/CEO/ Director NAME Allan C. Sorensen STREET ADDRESS 1601 Sawgrass Corporate Parkway CITY-ST-ZIP Sunrise, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME UMANSKY, RAPHAEL D STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME O'BRIEN, DANA J STREET ADDRESS 717 FIFTH AVENUE., STE. 1100 CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME LARSON, STEPHEN L STREET ADDRESS 717 FIFTH AVENUE., STE 1100 CITY-ST-ZIP NEW YORK, NY 10022	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TCFO NAME CAMMARATA, DANIEL STREET ADDRESS 1601 SAWGRASS CORPORATE PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-04 (954) 858-6000 <small>Date Daytime Phone #</small>		