

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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**



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0866202

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**

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
SORENSEN, ALLAN C
1601 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
O'BRIEN, DANA J
717 FIFTH AVENUE., STE. 1100
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LARSON, STEPHEN L
717 FIFTH AVENUE., STE 1100
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TCFO
CAMMARATA, DANIEL
1601 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SORENSEN, ALLAN C
1601 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323**

UN00000341030
04/28/05-80140-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #