


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90195 002 \*\*\*150.00

<b>DOCUMENT # P98000077471</b> 1. Entity Name <b>INTERIM HEALTHCARE STAFFING INC.</b>					
Principal Place of Business <b>RAPHAEL D. UMANSKY, ESQ.</b> <b>1601 SAWGRASS CORPORATE PARKWAY</b> <b>SUNRISE, FL 33323</b>			Mailing Address <b>RAPHAEL D. UMANSKY, ESQ.</b> <b>1601 SAWGRASS CORPORATE PARKWAY</b> <b>SUNRISE, FL 33323</b>		
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 <b>65-0866202</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>UMANSKY, RAPHAEL D</b> <b>1601 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE, FL 33323</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>SOERSEN, ALLAN C</b> <b>1601 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE, FL 33323</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>UMANSKY, RAPHAEL D</b> <b>1601 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE, FL 33323</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Raphael D. Umansky</b> <b>1601 Sawgrass Corporate Pkwy</b> <b>Sunrise FL 33323</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'BRIEN, DANA J</b> <b>717 FIFTH AVENUE., STE. 1100</b> <b>NEW YORK, NY 10022</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LARSON, STEPHEN L</b> <b>717 FIFTH AVENUE., STE 1100</b> <b>NEW YORK, NY 10022</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO</b> <b>CAMMARATA, DANIEL</b> <b>1601 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE, FL 33323</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOERSEN, ALLAN C</b> <b>1601 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE, FL 33323</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Barbara McCann</b> <b>1601 Sawgrass Corporate Pkwy.</b> <b>Sunrise FL 33323</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APR 27 2006 954-858-6000 <small>Date Daytime Phone #</small>		