2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000077471

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR



FILED Apr 26, 2007 8:00 am Secretary of State

Daytime Phone #

Entity Name INTERIM HEALTHCARE STAFFING INC.								U4-26-2	007 90218 (Л4 ***15	0.00
Principal Place of Business Mailing Address					_1,						
RAPHAEL D. UMANSKY, ESQ. 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			RAPHAEL D. UMANSKY, ESQ. 1601 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323			1 (100)		11% 47 111 61 111 1 12 16 11	18 in 8 18 in 1888 i 1816	NEDI (1 JARI	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04182007	Chg-P	CR2E	034 (12/06)	
City & State			City & State				4. FEI Number 65-0866				oplied For ot Applicable
Zip	Country		Zip			5. Certificate o		of Status Desi	red 🔲	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
UMANSKY, RAPHAEL D											
1601 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323					Street A	ddress (I	P.O. Box Number	r is Not Accep	otable)		
										,	
					City				FL	- 1	į
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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	222	OFFICERS AND		11					OFFICERS AND	DIRECTOR:	
TITLE NAME	PCEO SORENSI	EN, ALLAN C	Delete TITL				ident/c			Change	Addition
STREET ADDRESS 1601 SAWGRASS CORPORATE CITY-ST-ZIP SUNRISE, FL 33323			PKWY	REET ADDRESS	1001	sell Li Sawg	rass	Consora	z Parl	Kway	
TITLE	SD	,		Delete III		ചാവ	rise_	<u> </u>	3338	2 ☐ Change	Addition
NAME	UMANSKY, RAPHAEL D				ME					_ ,	_
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST ZIP						
TITLE	.E D			Delete TITI	LE					☐ Change	Addition
NAME EXPERT APPROVA	I ••••										ĺ
STREET ADDRESS *											İ
TITLE	TCFO	,		Delete IIII						☐ Change	Addition
NAME	CAMMARATA, DANIEL NAM										
STREET ADDRESS CITY-S1-ZIP					REET ADDRESS Y S1 ZIP						
TITLE										☐ Change	Addition
NAME	SORENSEN, ALLAN C									change	
STREET ADDRESS CITY-ST-ZIP											
TITLE				Delete IIII	Y-S1-ZIP LE					☐ Change	Addition
NAME				NAI							
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP						İ
	ertify that	e information supplied with	this filing does no			ontained	in Chapter 119	Florida Statu	tes Liurther cer	tify that the in	Mormation
indicated of the cor changed,	on this report poration or the or on an atta	e information supplied with it or supplimental execu- ne receive of trustee empo achment with an address in	rue ant accurate wered to execute vith all other ke er	and that my signathis report as required.	ature shall h pired by Cha	ave the s pter 607	same legal effect Florida Statutes	as if made ur ; and that my	nder oath; that I name appears	am an officer in Block 10 or	or director Block 11 if