

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089008

Entity Name: INTERIM HEALTHCARE NATIONAL SERVICES, INC.

Current Principal Place of Business:

12140 WOODCREST EXECUTIVE DRIVE, STE 310
ST. LOUIS, MO 63141

Current Mailing Address:

12140 WOODCREST EXECUTIVE DRIVE, STE 310
ST. LOUIS, MO 63141

FEI Number: 65-0626627

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HAND, TIMOTHY
Address 12140 WOODCREST EXECUTIVE
DRIVE, SUITE 310
City-State-Zip: ST. LOUIS MO 63141

Title S
Name SARLONE, TIMOTHY
Address 12140 WOODCREST EXECUTIVE
DRIVE, SUITE 310
City-State-Zip: ST. LOUIS MO 63141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY HAND

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date