

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000089008

**Entity Name:** INTERIM HEALTHCARE NATIONAL SERVICES, INC.

**Current Principal Place of Business:**

12647 OLIVE BLVD., SUITE 100  
ST. LOUIS, MO 63141

**Current Mailing Address:**

12647 OLIVE BLVD., SUITE 100  
ST. LOUIS, MO 63141 US

**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 12647 OLIVE BLVD., SUITE 100  
City-State-Zip: ST. LOUIS MO 63141

Title S  
Name SARLONE, TIMOTHY  
Address 12647 OLIVE BLVD., SUITE 100  
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**

**01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date