

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000086504

Entity Name: INTERIM HEALTHCARE OF OCALA, LLC

Current Principal Place of Business:

1890 STATE ROAD 436
SUITE 300
WINTER PARK, FL 32792

Current Mailing Address:

1890 STATE ROAD 436
SUITE 300
WINTER PARK, FL 32792 US

FEI Number: 32-0382370

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHULTZ, KENNETH
1890 STATE ROAD 436
SUITE 300
WINTER PARK, FL 32792 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

Authorized Person(s) Detail :

Title MANAGER
Name SCHULTZ, KENNETH
Address 1890 STATE ROAD 436, SUITE 300
City-State-Zip: WINTER PARK FL 32792

Title MANAGER
Name SCHULTZ, GREGORY
Address 1890 STATE ROAD 436, SUITE 300
City-State-Zip: WINTER PARK FL 32792

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH SCHULTZ

MANAGER

04/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date