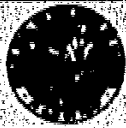


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 296213

(2)

1. Corporation Name

INTERIM HEALTHCARE INC.

Principal Place of Business

**2050 SPECTRUM BLVD
FT LAUDERDALE FL 33309**

Mailing Address

**2050 SPECTRUM BLVD
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1965

3a. Date of Last Report

04/12/1994

4. FEI Number

59-1112669

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SMITH, JOHN B.
2050 SPECTRUM BLVD
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SOERSEN, A.C.

STREET ADDRESS

**2050 SPECTRUM BLVD
FT LAUDERDALE FL**

CITY - ST - ZIP

TITLE

SD

NAME

SMITH, JOHN B.

STREET ADDRESS

**2050 SPECTRUM BLVD
FT LAUDERDALE FL**

CITY - ST - ZIP

TITLE

PD

NAME

MARCY, RAYMOND

STREET ADDRESS

**2050 SPECTRUM BLVD
FT LAUDERDALE FL**

CITY - ST - ZIP

TITLE

VT

NAME

HAGGARD, PAUL

STREET ADDRESS

**2050 SPECTRUM BLVD
FT LAUDERDALE FL**

CITY - ST - ZIP

TITLE

V

NAME

BRICE, KENNETH P

STREET ADDRESS

**2050 SPECTRUM BLVD
FT LAUDERDALE FL**

CITY - ST - ZIP

TITLE

EVP

NAME

LIVONKUS, ROBERT E.

STREET ADDRESS

**2050 SPECTRUM BLVD
FT LAUDERDALE FL**

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

33309

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

33309

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

33309

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

33309

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**V/D
GILMARTIN, KATHLEEN A.
2050 SPECTRUM BLVD
FT LAUDERDALE, FL 33309**

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

33309

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Paul Haggard 4/11/95 205-938-7600