

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90195 001 \*\*\*150.00

**DOCUMENT # 296213**

1. Entity Name  
**INTERIM HEALTHCARE INC.**



Principal Place of Business  
**RAPHAEL D. UMANSKY, ESQ.  
1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323**

Mailing Address  
**RAPHAEL D. UMANSKY, ESQ.  
1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-1112669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**UMANSKY, RAPHAEL D  
1601 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**CEO  
SORENSEN, ALLAN C  
1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**S  
UMANSKY, RAPHAEL D  
1601 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
O'BRIEN, DANA J  
717 FIFTH AVE STE 1100  
NEW YORK, NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
LARSON, STEPHEN L  
717 FIFTH AVE STE 1100  
NEW YORK, NY 10022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**TCFO  
CAMMARATA, DANIEL  
1601 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**CEO/P/D  
Allan C. Sorensen  
1601 Sawgrass Corporate Pkwy.  
Sunrise FL 33323** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like and provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 27 2006 954-858-6000**

Date

Daytime Phone #