

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 296213

**Entity Name:** INTERIM HEALTHCARE INC.**Current Principal Place of Business:**1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323**Current Mailing Address:**1601 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US**FEI Number:** 59-1112669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STROTHMAN, LLOYD F  
1601 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 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 S  
Name SLUPECKI, MICHAEL P  
Address 1601 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name PLUMRIDGE, SCOTT S  
Address 1601 SAWGRASS CORPORATE  
PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title T  
Name SLUPECKI, MICHAEL P  
Address 1601 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name DOYLE, KENNETH M  
Address 1601 SAWGRASS CORPORATE  
PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title PCEO  
Name GILMARTIN, KATHLEEN  
Address 1601 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

*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: MICHAEL SLUPECKI****SECRETARY****02/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date