

2015 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	DOYLE, KENNETH M
Address	1601 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	D
Name	PLUMRIDGE, SCOTT S
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

Title	T
Name	SLUPECKI, MICHAEL P
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 P. SLUPECKI**SECRETARY****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date