

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 296213

Entity Name: INTERIM HEALTHCARE INC.

Current Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 220
SUNRISE, FL 33323

Current Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 220
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
SUITE 220
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
SUITE 220
City-State-Zip: SUNRISE FL 33323

Title PCEO, DIRECTOR
Name GILMARTIN, KATHLEEN
Address 1601 SAWGRASS CORPORATE PKWY
SUITE 220
City-State-Zip: SUNRISE FL 33323

Title T
Name SLUPECKI, MICHAEL P
Address 1601 SAWGRASS CORPORATE PKWY
SUITE 220
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

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date