

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212545317

1.) CORPORATION NAME:

INTERIM HEALTHCARE INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0480642**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1601 SAWGRASS CORPORATE PARKWAY

CITY/ST/ZIP: SUNRISE, FL 33323

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KATHEEN GILMARTIN		
TITLE:	P/CEO		
ADDRESS:	1601 SAWGRASS CORPORATE PKWY		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL P SLUPECKI		
TITLE:	TREAS/CFO		
ADDRESS:	1601 SAWGRASS CORPORATE PKWY		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALLAN C SORENSEN		
TITLE:	DIRECTOR		
ADDRESS:	1601 SAWGRASS CORPORATE PARKWAY		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL P SLUPECKI	MICHAEL P SLUPECKI,	11/27/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREAS/CFO PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.