REQUEST FOR PROPOSAL NO. 04C-014B		A. (AVIIIILATI					
Project: PHYSICAL AND OCCUPATIONAL THERAPY SERVICES RFP No.: 04C-014B							
Corporation NameCROSS COUNTRY TRAVO	ORPSTNC. Tax FEIN Number:_						
BENEFICIAL INTEREST AF	ND DISCLOSURE OF OWNERSHIP AFFIDA	WIT					
STATE OF MASSACHUSETTS	COUNTY OF Middlesex						
Before me, the undersigned authority, personally appeared, <u>JOE CIMETTI</u> , ("Corporate Representative") this <u>a a</u> day of <u>MARCH</u> , 200 <u>4</u> , who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:							
 Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete. 							
2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statues to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)							
A. Persons or corporate entities owning 5% or mo	ore:						
CROSS COUNTRY HEALTHCARE, INC.	100	8					
6551 Park of Commerce Blvd.	Boca Raton, FL 33487	Percentago					
Name	Address	Percentage					
Neme	Address	Percentage					
B. Persons or corporate entities who hold by prox	ry the voting power of 5% or more:						
None	Address	Percentage					
PATES 4							
Nume	Address	Percentaga					
C. Stock held for others and for whom held:	Address	Percentaga					
None							
Name	Address	Parcaptege					
For Whom Held	Address	Percentage					
Name	Address	Percentage					
For Whom Held	Antirees	Percentage					
By: Jug Litt							
SWORN TO and subscribed before me this 22day of March 2004, by Joe Cimetti. Such person(s). (Notary Public must check applicable box):							
[] is/are personally known to me. [] produced a current driver license(s). [] produced							
(NOTARY PUBLIC SEAL)	Notary Public My Say	locket					
Proping m Sanchall							
(Print Type or Stemp Name of Notery Public)							

REQUEST FOR PROPOSAL NO	04C-014B		ATTACHMENT	۲
Project: PHYSICAL AND OCCUPA		ES PERMI	105	
Corporation Name: 2nterinT	A O Dianu Sahirian Ta	EE NEP 10. U4C-01	43	
	EREST AND DISCLOSURE OF			
STATE OF Florida			^	
		I to bear and it is the second	and	
Representative") this 20 day of subject to the penalties prescribed for p	d muthority, personally appearance 200 4, when the proper and says:	ho, first being duly sw	orn, as required by	orete law,
Corporate Representative has re- herein, and states that the facts co	ad the contents of this Affidavit ntained herein are true, correct,	t, has actual knowledg	e of the facts conta	ined
The following is a list of every "p children, firms, essociates, joint ac corporations and all other groups a entity: (If more space is needed, at	oventurea, partnersnips, estates and combinations) holding 5% o	Printe hi have brinke		
A. Persons or corporate entities owning	5% or more:	Sun	ine, FX 3:	3323
Interim Health Care.	Inc. 1601 Sawara	as PKWI	4, 100 %	
. Name	Address		Percentage	_
Name	Addrosa		Percentage	-
Name	Address		Percentage	=
B. Persons or corporate entitles who hol	d by proxy the voting power of 5	% or more		
Name	Address			_
	/ TOTAL 1 0000		Porteniage	
Name	Address		Percentage	-
C. Stock held for others and for who	m held:		3craonisga	-
Name	Addrg as		Percentage	
Far Whom Held	Address		Percentage	-
Namic	Address		ecentege	-
For Whem Held	Address		Percentage	-
	CORP By:	PORATE REPRESENTA	ATIVE	5
SWORN TO and subscribed before me this	O day of april 2004	- by Ging Chillen	Such person(s). (No	tary
Xis/are personally known to me. [] produced a co	urrent driver license(s). [] produced	as identification.		
(NOTARY PUBLIC SEAL)	٨			
JOY'T TAYLOR Notary Public - State of Florida WyCommission Bullian Dec 25, 2007 Commission # DD256035	Notary Public	Taylor		
Bonded By Notional Notary Augr.	(Print, Type or Star	mp Name of Istary Public)		

REQUEST FOR PROPOSAL NO. 04C-014B

Project: Ph Sole P Corporation	YSICAL AND C roprietor Name:	CCUPATIONAL Lori Deyo		APY SERVICES	RFP No · 04C-0	148		
		CIAL INTEREST A	ND DIS	CLOSURE OF OW		AVIT		
STATE OF	Florida			COUNTY OF	alm Beach	63.		
representa	Before me, the undersigned authority, personally appeared, <u>Lori Devo-Chler</u> , ("Corporate Representative") this <u>kith</u> day of <u>Warch</u> , 200 <u>4</u> , who, first being duly swom, as required by law, subject to the penalties prescribed for perjury, deposes and says:							
Corpo herein	 Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete. 							
corpor	2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statues to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)							
		es owning 5% or m	ore:					
Lori De	yo-Obler Name	911 NE 24	St,]	Boca Raton,	FL	100% Percentage		
	Name		Address			Percentaga		
	Name		Address		-	une du violande de vere .		
B. Persons		es who hold by pro		ting power of 5% o	r more:	Percentage		
	yo-Obler			Boca Raton,		100%		
	Name		Address			Percentage		
	Name		Address			Percentage		
	Name eld for others an	d for whom held:	Address N/I	1		Percentage		
	Name		Address			Percantage		
FarV	Vhom Held		Address			Percentage		
n	Name		Address			Percentage		
ForV	Vhom Held		Address		- t	Percentage		
		N. C.	***************************************	CORPORA By:	TE REPRESENT	ATIVE		
SWORN TO and subscribed before me this 17 day of March 2004 by Loui Day Olde. Such person(s). (Notary Public must check applicable box):								
Mis/are person	nally known to me. [];	produced a current drive	r license(s)	. [] produced	_ as identification.			
(NOTARY PUB		380	•	Laura (Sattles	-		
	LAURA J. SATTLE MY COMMISSION # CC EXPIRES: August 7, 2 Bonded Thru Notary Public Unit	958882 2004		Laura S (Print, Type or Stamp Na	attler ame of Notary Public)			

REQUEST FOR PROPOSAL NO. 04C-014B

Project: PHYSICAL AND OCCUPATIONAL THERAPY SERVICES RFP No.: 04C-014B								
Corporation Name: PR	UATE CARE INC	2 Tax FEIN Num	iber: _					
BEN	EFICIAL INTEREST AND DISC							
STATE OFFU	DUDA	COUNTY OF Pal	m beach					
Representative") this	undersigned authority, pers day of escribed for perjury, deposes a	, 200, who, first be	ing duly swom, as req	("Corporate uired by law,				
	 Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete. 							
The following is a list of every "person" (as defined in Section 1.01(3), Florida Statues to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)								
A. Persons or corporate e	intities owning 5% or more:	•						
	4360 NORTHLAKE	BIVD PB6, FC		10000				
Name	Address		Percentage	,				
Name	Address		Percentage					
Name	Address		Percentage					
B. Persons or corporate e	entities who hold by proxy the vo	oting power of 5% or more	2:					
Name	N/A Address		Percentage					
Name	Address		Percentage					
Name	Address		Percentage					
C. Stock held for others	and for whom held:		*					
Name	Address		Percentage					
For Whom Held	N/A Address		Percentage	and the second second				
Name	Address		Percentage					
For Whom Held	Address	**************************************	Percentage					
		CORPORATE F By: UM	REPRESENTATIVE	war.				
SWORN TO and subscribed before me this 30 day of MARCH , 20004 by Hough Such person(s). (Notary Public must check applicable box):								
(NOTARY PUBLIC SEAL)	[] produced a current driver license(s	s). [] produced as id	dentification.	al l				
		Notary Public HOLL (Print, Type or Stamp Name of	LSON Notary Public)					

REQUEST FOR PROPOSAL NO. 04C-014B

Project: Ph	HYSICAL AND OC	CUPA	TIONAL 7	THERAF	Y SERVI	CES R	FP No.: 04C	C-014B	
Corporation Name: Pro-Tech Search Inc. Tax FEIN Number:									
BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT									
STATE OF	North Carol	ina			COUNTY	F_D	avidson		
Represent	efore me, the upo ative") this the penalties prescrit	day of		500 FX	, 200,				
	orate Representative n, and states that the							ledge of the f	acts contained
childr	The following is a list of every "person" (as defined in Section 1.01(3), Florida Statues to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)								
A. Person	s or corporate entitie	s owning	5% or m c	ore:					
John	Dickinson	160	Kings	Way,	Roya1	Pa1m	Beach,	33411 Percentage	49%
Jamie	P Dickinson	160	Kings		Royal	Palm	Beach,		51%
	Name			Address				Percentage	
	Name			Address				Percentage	
B. Person	s or corporate entitie	s who h	old by prox	y the vot	ing power o	of 5% or r	more:		
None	Nege			Address				Percentage	
	Name			Addless				1 erochage	
	Name			Address				Percentage	
	Name			Address				Percentage	
	held for others and	for wh	om held:						
N/A	Name			Address				Percentage	
	Name			Add C33					
Fo	r Whom Held			Address				Percentage	
	Name			Address				Percentage	
Fo	r Whom Held			Address				Percentage	
					CC	RPORA	TE REPRES	SENTATIVE	
By to INc Can									
					,				1
	and subscribed before me	e this <u>24</u>	day of	Jarch	, 2004	_, by	and the country of th	Such perso	on(s). (Notary Public
	onally known to me. [Yp	roduced a	current drive	r license(s)	. [] produced	1	_as idenţificatio	on.	
(NOTARY PUBLIC SEAL) Christy Tel Wall Notary Public									
Christy Lee Wall (Print, Type or Stamp Name of Notary Public)									