

REQUEST FOR PROPOSAL NO. 04C-014B

Project: PHYSICAL AND OCCUPATIONAL THERAPY SERVICES RFP No.: 04C-014B

Corporation Name: CROSS COUNTRY TRAVCORPS, INC. Tax FEIN Number: \_\_\_\_\_

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF MASSACHUSETTS COUNTY OF Middlesex

Before me, the undersigned authority, personally appeared, JOE CIMETTI, ("Corporate Representative") this 22 day of MARCH, 2004, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) 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 Statutes 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 more:

CROSS COUNTRY HEALTHCARE, INC. 100%

Name	Address	Percentage
6551 Park of Commerce Blvd.	Boca Raton, FL 33487	
Name	Address	Percentage
Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

None

Name	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

C. Stock held for others and for whom held:

None

Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage

CORPORATE REPRESENTATIVE

By: Joe Cimetti

SWORN TO and subscribed before me this 22 day 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 \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)

Corrine M. Sapochetti  
Notary Public

Corrine M. Sapochetti  
(Print, Type or Stamp Name of Notary Public)

egp 9/5/08

ATTACHMENT F

REQUEST FOR PROPOSAL NO 04C-014B

Project: PHYSICAL AND OCCUPATIONAL THERAPY SERVICES RFP No.: 04C-014B

Corporation Name: Interim Therapy Services, Inc. Tax FEIN Number: \_\_\_\_\_

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF Florida COUNTY OF Broward

Before me, the undersigned authority, personally appeared, Ginny Chittles ("Corporate Representative") this 20 day of April, 2004, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) 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 Statutes 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 more:

Interim HealthCare, Inc. 1601 Sawgrass Corp Pkwy, Sunrise, FL 33323 100%

Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more

Name	Address	Percentage

C. Stock held for others and for whom held:

Name	Address	Percentage
For Whom Held	Address	Percentage
For Whom Held	Address	Percentage

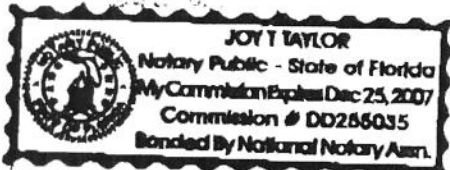
CORPORATE REPRESENTATIVE

By: Ginny Chittles

SWORN TO and subscribed before me this 20 day of April, 2004, by Ginny Chittles. Such person(s) (Notary Public must check applicable box):

is/are personally known to me. [ ] produced a current driver license(s). [ ] produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)



Joy Taylor  
Notary Public  
Joy T. Taylor  
(Print, Type or Stamp Name of Notary Public)

REQUEST FOR PROPOSAL NO. 04C-014B

Project: **PHYSICAL AND OCCUPATIONAL THERAPY SERVICES** RFP No. 04C-014B

Sole Proprietor Corporation Name: Lori Deyo-Obler Tax FEIN Number: \_\_\_\_\_

**BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT**

STATE OF Florida COUNTY OF Palm Beach

Before me, the undersigned authority, personally appeared, Lori Deyo-Obler, ("Corporate Representative") this 17<sup>th</sup> day of March, 2004, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) 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 Statutes 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 more:

<u>Lori Deyo-Obler</u>	<u>911 NE 24 St, Boca Raton, FL</u>	<u>100%</u>
Name	Address	Percentage

Name	Address	Percentage

Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

<u>Lori Deyo-Obler</u>	<u>911 NE 24 St, Boca Raton, FL</u>	<u>100%</u>
Name	Address	Percentage

Name	Address	Percentage

Name	Address	Percentage

C. Stock held for others and for whom held:

N/A

Name	Address	Percentage

For Whom Held	Address	Percentage

Name	Address	Percentage

For Whom Held	Address	Percentage

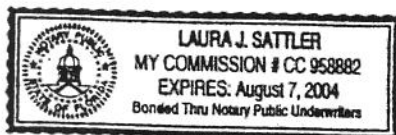
CORPORATE REPRESENTATIVE

By: *Lori Deyo-Obler*

SWORN TO and subscribed before me this 17 day of March, 2004, by Lori Deyo-Obler. Such person(s). (Notary Public must check applicable box):

is/are personally known to me. [ ] produced a current driver license(s). [ ] produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)



*Laura Sattler*  
Notary Public

Laura Sattler  
(Print, Type or Stamp Name of Notary Public)

REQUEST FOR PROPOSAL NO. 04C-014B

Project: PHYSICAL AND OCCUPATIONAL THERAPY SERVICES RFP No.: 04C-014B

Corporation Name: PRIVATE CARE INC Tax FEIN Number: \_

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF FLORIDA COUNTY OF Palm Beach

Before me, the undersigned authority, personally appeared, \_\_\_\_\_, ("Corporate Representative") this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) 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 Statutes 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 more:

Table with 3 columns: Name, Address, Percentage. Row 1: mimi LARKIN, 4360 NORTHLAKE BLVD PB6, FL 33410, 100%. Subsequent rows are blank.

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Table with 3 columns: Name, Address, Percentage. Row 1: N/A. Subsequent rows are blank.

C. Stock held for others and for whom held:

Table with 3 columns: Name, Address, Percentage. Row 1: N/A. Subsequent rows are blank.

CORPORATE REPRESENTATIVE

By: Denise McDonald

SWORN TO and subscribed before me this 30 day of MARCH, 2004, by HOLLY NELSON. Such person(s). (Notary Public must check applicable box):

[X] is/are personally known to me. [ ] produced a current driver license(s). [ ] produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)

Holly Nelson signature and Notary Public title.

HOLLY NELSON (Print, Type or Stamp Name of Notary Public)

REQUEST FOR PROPOSAL NO. 04C-014B

Project: **PHYSICAL AND OCCUPATIONAL THERAPY SERVICES** RFP No.: 04C-014B

Corporation Name: Pro-Tech Search Inc. Tax FEIN Number: \_\_\_\_\_

**BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT**

STATE OF North Carolina COUNTY OF Davidson

Before me, the undersigned authority, personally appeared, Rick McCrary, ("Corporate Representative") this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) 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 Statutes 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 more:

Name	Address	Percentage
<u>John Dickinson</u>	<u>160 Kings Way, Royal Palm Beach, FL 33411</u>	<u>49%</u>
<u>Jamie Dickinson</u>	<u>160 Kings Way, Royal Palm Beach, FL 33411</u>	<u>51%</u>

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

None

Name	Address	Percentage

C. Stock held for others and for whom held:

N/A

Name	Address	Percentage
For Whom Held	Address	Percentage
For Whom Held	Address	Percentage

CORPORATE REPRESENTATIVE

By: *Rick McCrary*

SWORN TO and subscribed before me this 24 day of March, 2004, by \_\_\_\_\_ Such person(s). (Notary Public must check applicable box):

[ ] is/are personally known to me. [  ] produced a current driver license(s). [ ] produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)



7-1-2008

*Christy Lee Wall*  
Notary Public  
Christy Lee Wall  
(Print, Type or Stamp Name of Notary Public)