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FLORIDE DIVISION OF CORPORATIONS

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((H98000021187 3))

TO: DIVISION OF CORPORATIONS
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FAX #:

FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
075350000353

ACCT#:

CONTACT: JOSE MOJICA
PHONE: (212) 431-5000
(212) 431-1441

FAX #:

NAME: OLSTEN HEALTH SERVICES (QUANTUM) CORP.

AUDIT NUMBER.....H98000021187

DOC TYPE.....REGISTERED AGENT CHANGE

CERT. OF STATUS..0

PAGES..... 1

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Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of DELAWARE submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: OLSTEN HEALTH SERVICES (QUANTUM) CORP.
2. The mailing address of the corporation is: 175 BROAD HOLLOW RD., MELVILLE, NY 11747
3. Date of incorporation/qualification: 2/7/97 Document number: F97000000669
4. The name and address of the current registered agent and office:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324


5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


 (Signature of an officer, chairman or vice chairman of the board) 11/12/98
 (Date)
JOSE MORICA, ASST. SECY.
 (Printed or typed name and title) 11/12/98
 (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


 (Signature of Registered Agent) 11/12/98
 (Date)

If signing on behalf of an entity:

MARC MOEL, ASST. SECY.
 (Typed or Printed Name) Asst Secy
 (Capacity)