


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90005 004 \*\*\*550.00

**DOCUMENT # F03000002225**

1. Entity Name  
**ADECCO HEALTH, INC.**



Principal Place of Business  
**175 BROAD HOLLOW RD.  
 MELVILLE, NY 11747**

Mailing Address  
**175 BROAD HOLLOW RD.  
 MELVILLE, NY 11747**

**54059997**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

06302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

4. FEI Number  
**16-1268904**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ARRIETA, JULIO <input checked="" type="checkbox"/> Delete 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIETA, JULIO <input checked="" type="checkbox"/> Delete 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD LYONS, PATRICK <input type="checkbox"/> Delete 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SMALHEISER, HARVEY <input type="checkbox"/> Delete 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WASHINGTON, JYRL <input type="checkbox"/> Delete 175 BROAD HOLLOW RD. MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KARABELAS, DIANA R <input type="checkbox"/> Delete 175 BROAD HOLLOW RD. MELVILLE, NY 11747

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P CEO Raymond Roe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 175 Broad Hollow Rd Melville Ny 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Harvey Smalheiser**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #