


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)

4. FEI Number
16-1268904

Applied For
 Not Applicable

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

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

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 #