
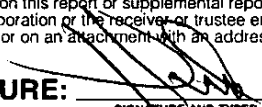


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 048 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1268904	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROE, RAYMOND	NAME			
STREET ADDRESS	175 BROAD HOLLOW RD.	STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP			
TITLE	CFOD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LYONS, PATRICK	NAME	VP CFO		
STREET ADDRESS	175 BROAD HOLLOW RD.	STREET ADDRESS	Stephen Nolan		
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP	175 Broad Hollow Rd		
TITLE	VPTD <input type="checkbox"/> Delete	TITLE			
NAME	SMALHEISER, HARVEY	NAME			
STREET ADDRESS	175 BROAD HOLLOW RD.	STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP			
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WASHINGTON, JYRL	NAME			
STREET ADDRESS	175 BROAD HOLLOW RD.	STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KARABELAS, DIANA R	NAME			
STREET ADDRESS	175 BROAD HOLLOW RD.	STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Vice President of Taxation		Date 1/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	