
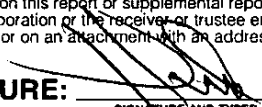


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 Melville NY 11747 | | |
| TITLE | VPTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 # | |