

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90089 044 \*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

04112007 Chg-P CR2E034 (12/06)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROE, RAYMOND			NAME	Theron I "Tig" Gilliam		
STREET ADDRESS	175 BROAD HOLLOW RD.			STREET ADDRESS	175 Broad Hollow Road		
CITY-ST-ZIP	MELVILLE, NY 11747			CITY-ST-ZIP	Melville NY 11747		
TITLE	VPCF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLAN, STEPHEN			NAME			
STREET ADDRESS	175 BROUD HOLLOW RD			STREET ADDRESS			
CITY-ST-ZIP	MELVILLE, NY 11747			CITY-ST-ZIP			
TITLE	VPTD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMALHEISER, HARVEY			NAME	Dawn Ehrhart		
STREET ADDRESS	175 BROAD HOLLOW RD.			STREET ADDRESS	175 Broad Hollow Road		
CITY-ST-ZIP	MELVILLE, NY 11747			CITY-ST-ZIP	Melville NY 11747		
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REARDON, GEORGE M			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	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Corelei DePalo		
STREET ADDRESS				STREET ADDRESS	175 Broad Hollow Road		
CITY-ST-ZIP				CITY-ST-ZIP	Melville NY 11747		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dawn Ehrhart Dawn Ehrhart 4/12/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #