

FD3000002225

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000185873 4))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

RECEIVED
03 MAY -5 AM 10:21
DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Adecco Health, Inc.

03 MAY -5 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Handwritten initials and date: 5/5/03

H030001858734

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

- 1. Adecco Health, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
- 2. New York 3. 16-1268904
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. 1/31/86 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- 7. 175 Broad Hollow Road, Melville, NY 11747
(Principal office address)
SAME AS ABOVE
(Current mailing address)
- 8. THE PROVISION OF TEMPORARY HEALTH CARE SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
- 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND RD
PLANTATION, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 STEPHEN ADAMO
ASSISTANT SECRETARY
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

RECEIVED
SECRETARY OF STATE
CORPORATION
DIVISION
MAY 5 10:26 AM '03
FILED

BLUMBERG EXCELSIOR
62 WHITE ST
NY, NY 10013 800 221-2972 x5757

H030001858734

JULIUS BLUMBERG

Fax: 212-692-9256

May 5 2003 10:16 P.03

H030001858734

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED RIDER

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHED RIDER

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Diana R. Karabelas*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DIANA R. KARABELAS, ASST. SECY.

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
OFFICE OF THE CLERK
STATE HOUSE
ALBANY, NY 12244

03 MAY -5 PM 10:26

APPROVAL
AND
FILE

H030001858734

JULIUS BLUMBERG

Fax: 212-692-9256

May 5 2003 10:16 P.04

H030001858734

Directors:

Julio Arrieta
Patrick Lyons
Harvey Smalheiser

Officers:

Julio Arrieta - President & Chief Executive Officer
Patrick Lyons - Chief Financial Officer
Harvey Smalheiser - Vice President of Taxation
Jyrí Washington - Vice President, General Counsel & Secretary
Diana R. Karabelas - Assistant Secretary and Assistant General Counsel

Business address for all:
175 Broad Hollow Road
Melville, NY 11747

03 MAY -5 AM 10:25
SECRETARY OF STATE
MAIL ASSISTANT

APPROVED
AND
FILED

H030001858734

H030001858734

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of ADECCO HEALTH, INC. was filed on 01/31/1986, under the name of TAD HEALTH SERVICES INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

- A Certificate of Amendment was filed on 03/01/1991.
- A Biennial Statement was filed 03/02/1993.
- A Biennial Statement was filed 03/24/1994.
- A Certificate of Change was filed on 09/16/1999.
- A certificate changing name to ADECCO HEALTH, INC. was filed on 04/30/2003.
- The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of April two thousand and three.

Secretary of State

H030001858734