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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 820033 (9)

1. Corporation Name
OLSTEN HOME HEALTHCARE, INC.

Principal Place of Business	Mailing Address
% THE OLSTEN CORPORATION 1 MERRICK AVE WESTBURY NY 11590	% THE OLSTEN CORPORATION 1 MERRICK AVE WESTBURY NY 11590

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1966
3a. Date of Last Report: 02/09/1994
4. FEI Number: 36-2610611 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 175 Broad Hollow Rd	26 175 Broad Hollow Rd
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Melville NY	28 City & State: Melville, NY
24 Zip: 11747 25 Country: US	29 Zip: 11747 30 Country: US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
%C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	LIGUORI, FRANK	1.2 NAME	
STREET ADDRESS	2 TALISMAN COURT	1.3 STREET ADDRESS	SEE ATTACHED
CITY ST ZIP	DIX HILLS NY	1.4 CITY ST ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	LADEROUTE, LAURIN, L,JR	2.2 NAME	
STREET ADDRESS	38 KENSINGTON RD	2.3 STREET ADDRESS	
CITY ST ZIP	GARDEN CITY NY	2.4 CITY ST ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	FUSCO, ROBERT	3.2 NAME	
STREET ADDRESS	1 MERRICK AVE	3.3 STREET ADDRESS	
CITY ST ZIP	WESTBURY NY	3.4 CITY ST ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	~~HELWEIL, ROBERT, H~~	4.2 NAME	
STREET ADDRESS	~~269/18H GRAND CENTRAL~~	4.3 STREET ADDRESS	
CITY ST ZIP	~~FLORAL PARK NY~~	4.4 CITY ST ZIP	
TITLE	SVP	5.1 TITLE	☐ Change ☐ Addition
NAME	CONSTANTINI, WILLIAM P.	5.2 NAME	
STREET ADDRESS	1 MERRICK AVENUE	5.3 STREET ADDRESS	
CITY ST ZIP	WESTBURY NY	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurin L Laderoute VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURIN L. LADEROUTE, JR.

4/25/95 Date
516-844-7135 Daytime Phone #

0306613 FP

OLSTEN HOME HEALTHCARE, INC.

BOARD OF DIRECTORS

Director	Frank N. Liguori	175 Broad Hollow Road Melville, New York 11747
Director	Robert A. Fusco	175 Broad Hollow Road Melville, New York 11747

CORPORATE OFFICERS

President	Robert A. Fusco	175 Broad Hollow Road Melville, New York 11747
Senior Vice President and Chief Financial Officer	Thomas M. Boelsen	175 Broad Hollow Road Melville, New York 11747
Senior Vice President and General Counsel	William P. Costantini	175 Broad Hollow Road Melville, New York 11747
~~Senior Vice President~~ ~~Operations Support~~	~~Steve Lumpkin~~	~~10890 Benson Drive~~ ~~Overland Park, KS 66210~~
Vice President, Finance/Accounting and Treasurer	Steve Jordan	10890 Benson Drive Overland Park, KS 66210
Vice President, Ass't General Counsel and Secretary	Laurin L. Laderoute, Jr.	175 Broad Hollow Road Melville, New York 11747
Vice President, Ass't General Counsel and Assisant Secretary	Nancy F. Lanis	175 Broad Hollow Road Melville, New York 11747
Assistant Secretary	Ruth Dixon	10890 Benson Drive Overland Park, KS 66210
Assistant Secretary	Bradley D. Hart	10890 Benson Drive Overland Park, KS 66210