

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

175 BROAD HOLLOW RD
MELVILLE NY 11747
US

175 BROAD HOLLOW RD
MELVILLE NY 11747
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

11/03/1966

3a. Date of Last Report

04/28/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LIGUORI, FRANK
STREET ADDRESS 2 TALISMAN COURT
CITY-STATE-ZIP DIX HILLS NY ☐ DELETE

11 TITLE SINGARON ONLY ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE VS
NAME LADEROUTE, LAURIN, LJR
STREET ADDRESS 38 KENSINGTON RD
CITY-STATE-ZIP GARDEN CITY NY ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE VPD
NAME FUSCO, ROBERT
STREET ADDRESS 175 BROAD HOLLOW ROAD
CITY-STATE-ZIP MELVILLE, NY 11747-8905 ☐ DELETE

31 TITLE PRESIDENT ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE AS
NAME DIXON, RUTH
STREET ADDRESS 10890 BENSON DRIVE
CITY-STATE-ZIP OVERLAND PARK KS ☒ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE SVP
NAME CONSTANTINI, WILLIAM P.
STREET ADDRESS 175 BROAD HOLLOW ROAD
CITY-STATE-ZIP MELVILLE, NY 11747-8905 ☒ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sam & Helen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96 516-844-7260

CR2E034 (3/96)