FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 849464 (3)

1. Corporate Name
NORRELL HEALTH CARE, INC.

Principal Place of Business: 3535 PIEDMONT RD NE, ATLANTA GA 30305

Mailing Address: 3535 PIEDMONT RD NE, ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1981

3a. Date of Last Report: 05/01/1994

4. FEI Number: 58-1455764 [ ] 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

2. Principal Place of Business 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. Officers and Directors		13. Additions/Changes to Officers and Directors	
Title	V	Title	[ ] Change [ ] Addition
Name	BRYAN, LARRY J.	Name	
Street Address	1580 LAZY RIVER LN.	Street Address	
City-St-Zip	DUNWOODY GA	City-St-Zip	
Title	AS	Title	[ ] Change [ ] Addition
Name	BRYAN, LARRY	Name	
Street Address	1580 LAZY RIVER LN	Street Address	
City-St-Zip	DUNWOODY GA	City-St-Zip	
Title	CD	Title	[ ] Change [ ] Addition
Name	MILLNER, GUY W.	Name	
Street Address	3303 CHATHAM RD NW	Street Address	
City-St-Zip	ATLANTA GA	City-St-Zip	
Title	T	Title	[ ] Change [ ] Addition
Name	BRYAN, LARRY J.	Name	
Street Address	1580 LAZY RIVER LANE	Street Address	
City-St-Zip	DUNWOODY GA	City-St-Zip	
Title	P	Title	[ ] Change [ ] Addition
Name	MILLER, C. DOUGLAS	Name	
Street Address	530 BROOK HOLLOW DR.	Street Address	
City-St-Zip	MARIETTA GA	City-St-Zip	
Title	AT	Title	Asst Secretary [X] Change [ ] Addition
Name	MARMON, MARK	Name	Kathy Colleran
Street Address	3535 PIEDMONT RD NE	Street Address	3535 Piedmont Rd NE
City-St-Zip	ATLANTA GA	City-St-Zip	Atlanta GA 30305

14. I the undersigned, certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kathy J. Colleran Kathy J. Colleran 4/28/95 404-240 3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000101 CP