

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **849464** (3)

1. Corporation 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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/17/1981

3a. Date of Last Report

05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate is required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, LARRY J.	
STREET ADDRESS	1580 LAZY RIVER LN.	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRYAN, LARRY	
STREET ADDRESS	1580 LAZY RIVER LN	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MILLNER, GUY W.	
STREET ADDRESS	3303 CHATHAM RD NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, LARRY J.	
STREET ADDRESS	1580 LAZY RIVER LANE	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, C. DOUGLAS	
STREET ADDRESS	530 BROOK HOLLOW DR.	
CITY-ST-ZIP	MARIETTA GA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	COLDREN KATHY	
STREET ADDRESS	3535 PIEDMONT RD NE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK A. HAIN	
1.3 STREET ADDRESS	5602 ASHEFORD LANE	
1.4 CITY-ST-ZIP	MARIETTA, GA 30068	
2.1 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MADISON F. COLE, JR.	
4.3 STREET ADDRESS	435 PEACHTREE BATTLE AVE	
4.4 CITY-ST-ZIP	ATLANTA, GA 30305	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	ASST TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PAM TAYLOR	
6.3 STREET ADDRESS	3535 PIEDMONT RD	
6.4 CITY-ST-ZIP	ATLANTA GA 30305	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAM W. TAYLOR

4/4/96 (404)240-3000

CR2E034 (12/95)