

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 12, 1999 8:00 am  
Secretary of State

05-12-1999 90010 002 \*\*\*150.00

DOCUMENT # 849464

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1981

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

City & State

29. Zip

Country

30

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 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

TITLE ☐ DELETE

NAME  
HAIN, MARK H  
STREET ADDRESS  
5602 ASHEFORDE LN  
CITY-ST-ZIP  
MARIETTA GA

TITLE ☐ DELETE

NAME  
AS  
CALDWELL, CONNIE S  
STREET ADDRESS  
3535 PIEDMONT ROAD NE  
CITY-ST-ZIP  
ATLANTA GA 30305

TITLE ☒ DELETE

NAME  
CD  
MILLNER, GUY W.  
STREET ADDRESS  
3303 CHATHAM RD NW  
CITY-ST-ZIP  
ATLANTA GA

TITLE ☒ DELETE

NAME  
T  
COLE, MADISON F JR  
STREET ADDRESS  
435 PEACHTREE BATTLE AVE  
CITY-ST-ZIP  
ATLANTA GA

TITLE ☒ DELETE

NAME  
P  
MILLER, C. DOUGLAS  
STREET ADDRESS  
530 BROOK HOLLOW DR.  
CITY-ST-ZIP  
MARIETTA GA

TITLE ☒ DELETE

NAME  
AT  
TAYLOR, PAM  
STREET ADDRESS  
3535 PIEDMONT RD  
CITY-ST-ZIP  
ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathy McDuff 4123199 (404) 40-3000

CR2E034 (11/98)

546784-90070-2  
849464

**NAME & ADDRESS, INCLUDING STREET & NUMBERS OF DIRECTORS AND OFFICERS**

<b>NORRELL HLTH CARE INC.</b>	<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
DIRECTOR	C. DOUGLAS MILLER	3535 PIEDMONT RD., ATLANTA, GA 30305
DIRECTOR		
DIRECTOR		
PRESIDENT	JAMES ERNEST RIDDLE	3535 PIEDMONT RD., ATLANTA, GA 30305
VICE PRESIDENT	LARRY J. BRYAN	3535 PIEDMONT RD., ATLANTA, GA 30305
SECRETARY	MARK HAIN	3535 PIEDMONT RD., ATLANTA, GA 30305
TREASURER	SCOTT COLABUONO	3535 PIEDMONT RD., ATLANTA, GA 30305
ASST. CORP. CONTROLLER	KATHY MCDEVITT	3535 PIEDMONT RD., ATLANTA, GA 30305
ASST. SECRETARY	Phillip Leslie Wharton	3535 PIEDMONT RD., ATLANTA, GA 30305