

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849464

1. Entity Name

NORRELL HEALTH CARE, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90010 024 ***550.00

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

3. Mailing Address

2050 Spectrum Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

58-1455764

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Delete
NAME HAIN, MARK H
STREET ADDRESS 3535 PIEDMONT RD.
CITY-ST-ZIP ATLANTA GA 30305

TITLE President/CEO ☐ Change ☒ Addition
NAME Raymond Marcy
STREET ADDRESS 2050 Spectrum Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE AS ☒ Delete
NAME WHARTON, PHILLIP L
STREET ADDRESS 3535 PIEDMONT ROAD NE
CITY-ST-ZIP ATLANTA GA 30305

TITLE VP/Secretary/Dir. ☐ Change ☒ Addition
NAME Lisa G. Iglesias
STREET ADDRESS 2050 Spectrum Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE D ☒ Delete
NAME MILLER, DOUGLAS C
STREET ADDRESS 3535 PIEDMONT RD
CITY-ST-ZIP ATLANTA GA 30305

TITLE VP/Treasurer ☐ Change ☒ Addition
NAME Shannon C Allen
STREET ADDRESS 2050 Spectrum Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE T ☒ Delete
NAME COLABUONO, SCOTT
STREET ADDRESS 3535 PIEDMONT RD.
CITY-ST-ZIP ATLANTA GA 30305

TITLE ere.V.P./CFO/Dir. ☐ Change ☒ Addition
NAME Roy G. Krause
STREET ADDRESS 2050 Spectrum Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE P ☒ Delete
NAME RIDDLE, JAMES E
STREET ADDRESS 3535 PIEDMONT RD
CITY-ST-ZIP ATLANTA GA 30305

TITLE Asst. Treasurer ☐ Change ☒ Addition
NAME Bruce T. Petersen
STREET ADDRESS 2050 Spectrum Blvd
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE D ☒ Delete
NAME MILLER, DOUGLAS C
STREET ADDRESS 3535 PIEDMONT RD
CITY-ST-ZIP ATLANTA GA 30305

TITLE Asst. Secretary ☐ Change ☒ Addition
NAME Randal B. Athinson
STREET ADDRESS 2050 Spectrum Blvd
CITY-ST-ZIP Ft. Lauderdale, FL 33309

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randal B. Athinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00
Date

954-938-7600
Daytime Phone #

CR2E034 (5/00)