

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849464

1. Entity Name

NORRELL HEALTH CARE, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90008 038 \*\*\*150.00

Principal Place of Business

3535 PIEDMONT RD NE  
ATLANTA GA 30305

Mailing Address

2050 SPECTRUM BLVD  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1455764

Applied For

Not Applicable

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PCEO ☒ Delete  
NAME MARCY, RAYMOND  
STREET ADDRESS 2050 SPECTRUM BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE PCEO ☒ Change ☒ Addition  
NAME HALLMAN, CINDA  
STREET ADDRESS 2050 SPECTRUM BLVD  
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE VSD ☐ Delete  
NAME IGLESIAS, LISA G  
STREET ADDRESS 2050 SPECTRUM BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME ALLEN, SHANNON C  
STREET ADDRESS 2050 SPECTRUM BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition  
NAME RUSSO, SHANNON C.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EVCD ☐ Delete  
NAME KRAUSE, ROY G  
STREET ADDRESS 2050 SPECTRUM BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AT ☐ Delete  
NAME PETERSEN, BRUCE T  
STREET ADDRESS 2050 SPECTRUM BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME ATHINSON, RANDAL  
STREET ADDRESS 2050 SPECTRUM BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition  
NAME ATKINSON, RANDAL  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)