

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 24 1997 8:00am
Secretary of State

DOCUMENT # F95000000985 (0)

1. Corporation Name
ATC HEALTHCARE SERVICES, INC.



Principal Place of Business
2675 PACES FERRY ROAD, STE 400
ATLANTA GA 30339

Mailing Address
2675 PACES FERRY ROAD, STE 400
ATLANTA GA 30339-6170

3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report 02/27/1996
4. FEI Number 58-1642356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1983 MARCUS AVE. 22 Suite, Apt. #, etc. CB 7011 23 City & State LAKE SUCCESS, NY 24 Zip 11042 25 Country U.S.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BAUER, TERRENCE L STREET ADDRESS 2675 PACES FERRY ROAD, STE 400 CITY-ST-ZIP LAKE SUCCESS NY	<input type="checkbox"/> DELETE	1.1 TITLE STEPHEN SAVITSKY - AD 1.2 NAME 1983 MARCUS AVE, CB 7011 1.3 STREET ADDRESS LAKE SUCCESS, NY 11042 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD NAME TIGHE, GARY STREET ADDRESS 1983 MARCUS AVENUE CITY-ST-ZIP LAKE SUCCESS NY	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VAS NAME AUSTIN, SALLY N STREET ADDRESS 2675 PACES FERRY ROAD, STE 400 CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> DELETE	3.1 TITLE SVP & Secy- 3.2 NAME CARLA PERROTTA 3.3 STREET ADDRESS 1983 MARCUS AVE. 3.4 CITY-ST-ZIP LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VAT NAME SCHUTZMAN, MARK D STREET ADDRESS 2675 PACES FERRY ROAD, STE 400 CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> DELETE	4.1 TITLE AT- 4.2 NAME DAVID GREENBERG 4.3 STREET ADDRESS 2675 PACES FERRY RD. 4.4 CITY-ST-ZIP ATLANTA, GA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME SAVITSKY, STEPHEN STREET ADDRESS 1983 MARCUS AVENUE CITY-ST-ZIP LAKE SUCCESS NY	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)