


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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000001957 (8) 1. Corporation Name OLSTEN FLYING NURSES CORP.	

Principal Place of Business 175 BROAD HOLLOW RD. MELVILLE NY 11747	Mailing Address 175 BROAD HOLLOW RD. MELVILLE NY 11747
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/21/1995	
				4. FEI Number 11-3257108	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUSCO, ROBERT A		1.2 NAME		
STREET ADDRESS	175 BROAD HOLLOW RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NE		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOELSEN, THOMAS M		2.2 NAME		
STREET ADDRESS	175 BROAD HOLLOW RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY		2.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LADEROUTE, LAURIN L JR		3.2 NAME		
STREET ADDRESS	175 BROAD HOLLOW RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONSTANTINI, WILLIAM P		4.2 NAME		
STREET ADDRESS	175 BROAD HOLLOW RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY		4.4 CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANIS, NANCY F		5.2 NAME		
STREET ADDRESS	175 BROAD HOLLOW RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, RUTH		6.2 NAME		
STREET ADDRESS	10890 BENDON DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS		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.

SIGNATURE _____ DATE 5/28/98 516 244-7260

CR2E034 (10/97)