

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90098 034 ***150.00

DOCUMENT # F95000001957

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/21/1995

4. FEI Number
11-3257108

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

25 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PUSCO, ROBERT A**
STREET ADDRESS **175 BROAD HOLLOW RD.**
CITY-ST-ZIP **MELVILLE NE**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **BOELSEN, THOMAS M**
STREET ADDRESS **175 BROAD HOLLOW RD.**
CITY-ST-ZIP **MELVILLE NY**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **LADERROUTE, LAURIN L JR**
STREET ADDRESS **175 BROAD HOLLOW RD.**
CITY-ST-ZIP **MELVILLE NY**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CONSTANTINI, WILLIAM P**
STREET ADDRESS **175 BROAD HOLLOW RD.**
CITY-ST-ZIP **MELVILLE NY**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **LANIS, NANCY F**
STREET ADDRESS **175 BROAD HOLLOW RD.**
CITY-ST-ZIP **MELVILLE NY**

5.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME **SCHWARTZ, RUTH**
STREET ADDRESS **10890 BENDON DRIVE**
CITY-ST-ZIP **OVERLAND PARK KS 66210**

6.1 TITLE ☒ Change ☐ Addition

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 #

Laurin L. Laderoute Jr **LAURIN L. LADERROUTE JR** 4/20/99 516-841-72
John J. Collura **JOHN J. COLLURA** 4/16/00