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 # **F97000000669 (8)**

1. Corporation Name
OLSTEN HEALTH SERVICES (QUANTUM) CORP.

Principal Place of Business	Mailing Address
175 BROAD HOLLOW RD MELVILLE NY 11747	175 BROAD HOLLOW RD MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 11-3358535 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOELSEN, THOMAS M		1.2 NAME	
STREET ADDRESS	88 PRINCETON ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY 11530		1.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOELSEN, THOMAS M		2.2 NAME	
STREET ADDRESS	88 PRINCETON ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY 11530		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FUSCO, ROBERT A		3.2 NAME	
STREET ADDRESS	15 CRANE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD HARBOR NY 11743		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COSTANTINI, WILLIAM P		4.2 NAME	
STREET ADDRESS	64 BOUTON RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	S SALEM NY 10590		4.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LADEROUTE, LAURIN L JR		5.2 NAME	100002541071
STREET ADDRESS	38 KENSINGTON RD		5.3 STREET ADDRESS	-05/29/98--01084--004
CITY-ST-ZIP	GARDEN CITY NY 11530		5.4 CITY-ST-ZIP	***150.00
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, RUTH		6.2 NAME	
STREET ADDRESS	11301 FOSTER		6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66210		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: LAURIN L. LADEROUTE JR 5/23/98

CR2E034 (10/97)