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

000582

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90113 019 ***150.00

DOCUMENT # F97000000669

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 (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); 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 the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	68 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	68 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		
STREET ADDRESS	38 KENSINGTON RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY NY 11530		5.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	6.1 TITLE	S	☐ Change ☑ Addition
NAME	SCHWARTZ, RUTH		6.2 NAME	SANDRA BECK	
STREET ADDRESS	11301 FOSTER		6.3 STREET ADDRESS	12900 FOSTER	
CITY-ST-ZIP	OVERLAND PARK KS 66210		6.4 CITY-ST-ZIP	OVERLAND PARK KS 66213	

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: Laurin L. Laderoute Jr LAURIN L. LADEROUTE JR 4/20/99 516-849-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)