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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FAX #:
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FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. ACCT#:
075350000353
CONTACT: CATHY LEACH
PHONE: (212) 431-5000 FAX #:
(212) 431-5111

NAME: OLSTEN HEALTH SERVICES (USA), INC.
AUDIT NUMBER.....H98000017692
DOC TYPE.....FOREIGN PROFIT QUALIFICATION
CERT. OF STATUS..0 PAGES..... 4
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. OLSTEN HEALTH SERVICES (USA), INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 1/12/98
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 175 BROAD HOLLOW ROAD, MELVILLE, NY 11747
(Current mailing address)

8. TO ENGAGE IN THE BUSINESS OF PROVIDING AND COORDINATING HEALTH CARE AND HEALTH CARE RELATED SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Office Address: 4435 OLD WINTER GARDEN ROAD

ORLANDO, Florida, 32802
(Zip code)

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10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

_____
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) H98000017692

Chairman: SEE ATTACHED RIDER

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SEE ATTACHED RIDER

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Laurin L Laderoute, Jr
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LAURIN L. LADEROUTE, JR., SECRETARY
(Typed or printed name and capacity of person signing application)

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OLSTEN HEALTH SERVICES (USA), INC.

BOARD OF DIRECTORS

Director	Robert A. Fusco
Director	John J. Collura

CORPORATE OFFICERS

President	Robert A. Fusco
Senior Vice President, and CFO	John J. Collura
Senior Vice President-Finance	Thomas M. Boelsen
Senior Vice President and General Counsel	William P. Costantini
Vice President, Ass't. General Counsel and Secretary	Laurin L. Laderoute, Jr.
Vice President, General Counsel - Health Services Law and Assistant Secretary	Patricia C. Ma
Assistant Secretary	Ruth C. Schwartz

BlumbergExcelsior
62 White St
NY, NY 10013
212-431-5000

all at: 175 Broad Hollow Rd.
Melville, NY 11747

9/98

State of Delaware

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Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLSTEN HEALTH SERVICES (USA), INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLSTEN HEALTH SERVICES (USA), INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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DIVISION OF CORPORATIONS
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BlumbergExcelsior
62 White St
NY, NY 10013
212-431-5000

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9303929

DATE: 09-16-98

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