

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90113 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F98000005481

1. Corporation Name

OLSTEN HEALTH SERVICES (INFUSION), INC.

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

09/30/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

4. FEI Number

11-3454100

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

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN RD
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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME **FUSCO, ROBERT A**
 STREET ADDRESS **175 BROAD HOLLOW RD**
 CITY-STATE-ZIP **MELVILLE NY 11747**

12 TITLE ☐ DELETE

NAME **COLLURA, JOHN J**
 STREET ADDRESS **175 BROAD HOLLOW RD**
 CITY-STATE-ZIP **MELVILLE NY 11747**

13 TITLE ☐ DELETE

NAME **COLLURA, JOHN J**
 STREET ADDRESS **175 BROAD HOLLOW RD**
 CITY-STATE-ZIP **MELVILLE NY 11747**

14 TITLE ☐ DELETE

NAME **BOELSEN, THOMAS M**
 STREET ADDRESS **175 BROAD HOLLOW RD**
 CITY-STATE-ZIP **MELVILLE NY 11747**

15 TITLE ☐ DELETE

NAME **COSTANTINI, WILLIAM P**
 STREET ADDRESS **175 BROAD HOLLOW RD**
 CITY-STATE-ZIP **MELVILLE NY 11747**

16 TITLE ☐ DELETE

NAME **LADEROUTE, LAURIN L JR**
 STREET ADDRESS **175 BROAD HOLLOW RD**
 CITY-STATE-ZIP **MELVILLE NY 11747**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

Laurin L. Laderoute Jr 4/20/99 516-844-7260