FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 26 AM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51032** **(3)**

1. Corporation Name

OLSTEN KIMBERLY QUALITYCARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
ONE MERRICK AVE. WESTBURY NY 11590 US	OEN MERRICK AVE. WESTBURY NY 11590 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 04-3174287	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 175 Broad Hollow Rd	26 175 Broad Hollow Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Melville, NY	28 City & State: Melville, NY
24 Zip: 11747 25 Country: US	29 Zip: 11747 30 Country: US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

83 1200 So. Pine Island Rd

84 City: PLANTATION **FL** 85 Zip Code: 33324

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* DAVID N. NICKELSEN, ASST-SEC'Y. 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FUSCO, ROBERT A	1.2 NAME	
STREET ADDRESS	ONE MERRICK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	HERRON, JANE	2.2 NAME	700001525377
STREET ADDRESS	2536 LUCILLE DRIVE	2.3 STREET ADDRESS	-06/28/95--01026--012
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	LANIS, NANCY	3.2 NAME	
STREET ADDRESS	ONE MERRICK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURYM NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BILLINGS, J. A M.D.	4.2 NAME	
STREET ADDRESS	ONE MERRICK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	METCALF, C W	5.2 NAME	
STREET ADDRESS	ONE MERRICK AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LUPIN, FREDA	6.2 NAME	
STREET ADDRESS	ONE MERRICK AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	6.4 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95 516-542-7135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vice Pres

007340