

NOW: FILING FEE AFTER MAY 1ST IS \$500.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90098 010 ***150.00

DOCUMENT # P22747

Corporation Name

OLSTEN CERTIFIED HEALTHCARE CORP.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1989

4. FEI Number

11-2645333

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

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME LIGUORI, FRANK N.
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MELVILLE NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SVP
JOHN J. COLLURA
175 BROADHOLLOW RD
MELVILLE NY

☐ Change ☒ Addition

TITLE P ☐ DELETE

NAME FUSCO, ROBERT
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MELVILLE NY

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS ☐ DELETE

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

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVPG ☐ DELETE

NAME CONSTANTINE, WILLIAM P.
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MELVILLE NY

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

WILLIAM A CONSTANTINE

☐ Change ☐ Addition

TITLE SVPF ☐ DELETE

NAME BOELSEN, THOMAS M.
STREET ADDRESS 175 BROAD HOLLOW ROAD
CITY-ST-ZIP MELVILLE NY 11747

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laurin L. Laderoute Jr
Laurin L. Laderoute Jr
JAT MCM

4/20/99 JIG-844-7
4/25/00