

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

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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 175 BROAD HOLLOW RD MELVILLE NY 11747 Mailing Address 175 BROAD HOLLOW RD MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		11-3358535	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes the current year intangible	
25		30		Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, RUTH	6.2 NAME	S SANDRA BEIK
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 a letter like empowered.

SIGNATURE: *Laurin L. Laderoute Jr* LAURIN L. LADEROUTE JR 4/20/99 516-844-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)