

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

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1. Corporation Name
OLSTEN HEALTH SERVICES (QUANTUM) CORP.

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

2. Principal Place of Business 2a. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

3. Date Incorporated or Qualified
02/07/1997
4. FEI Number **11-3358535** 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
**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BOELSEN, THOMAS M	
STREET ADDRESS	68 PRINCETON ST	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BOELSEN, THOMAS M	
STREET ADDRESS	68 PRINCETON ST	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FUSCO, ROBERT A	
STREET ADDRESS	15 CRANE RD	
CITY-ST-ZIP	LLOYD HARBOR NY 11743	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	64 BOUTON RD	
CITY-ST-ZIP	S SALEM NY 10590	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LADERROUTE, LAURIN L JR	
STREET ADDRESS	38 KENSINGTON RD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, RUTH	
STREET ADDRESS	11301 FOSTER	
CITY-ST-ZIP	OVERLAND PARK KS 66210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SANDRA BECK
6.3 STREET ADDRESS	12900 FOSTER
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 all other like empowered.

SIGNATURE: *Laurin L. Laderoute Jr* LAURIN L. LADERROUTE JR 4/20/99 416-844-7264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #