

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994/5**



FLORIDA DEPARTMENT OF STATE
Jim Grant
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -2 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: **OLSTEN CERTIFIED HEALTHCARE CORP.**

DOCUMENT # **P22747 (0)**

Mailing Address: **ONE MERRICK AVENUE WESTBURY, NY. 11590**

Principal Place of Business: **ONE MERRICK AVENUE WESTBURY, NY. 11590**

If above addresses are incorrect in any way, and through incorrect information and enter correction below.

3. Date Incorporated or Qualified: **01/28/1989**

3a. Date of Last Report: **04/20/1994**

4. FE Number: **11-2845333**

5. Certificate of Status Desired: **\$0.75**

6. Section Covered by Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for exchange tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. **175 Broad Hollow Rd**

22. Suits, Apt. #, etc.

23. City & State: **Melville NY**

24. Zip: **11747**

25. Country: **US**

26. Mailing Address: **175 Broad Hollow Rd**

27. Suits, Apt. #, etc.

28. City & State: **Melville, NY**

29. Zip: **11747**

30. Country: **US**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code: **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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGUORI, FRANK	1.2 NAME	
STREET ADDRESS	2 TALISMAN COURT	1.3 STREET ADDRESS	SEE ATTACHED
CITY - ST - ZIP	DIX HILLS NY	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADEROUTE, LAURIN, LJR	2.2 NAME	
STREET ADDRESS	38 KENSINGTON RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY NY	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ROBERT	3.2 NAME	
STREET ADDRESS	1 MERRICK AVE	3.3 STREET ADDRESS	600001474476 -05/03/95--01176--023 ***200.00 ***200.00
CITY - ST - ZIP	WESTBURY NY	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELVEN, ROBERT, H	4.2 NAME	
STREET ADDRESS	269 18th GRAND CENTRAL	4.3 STREET ADDRESS	
CITY - ST - ZIP	FLORAK PARK NY	4.4 CITY - ST - ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINI, WILLIAM P.	5.2 NAME	
STREET ADDRESS	1 MERRICK AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WESTBURY NY	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(a), 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, changed, or on an attachment with an address.

SIGNATURE: *Lauren L. Laderoute, Jr.* **4/25/95** **516-844-7135**

SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **LAUREN L. LADEROUTE, JR.**

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OLSTEN CERTIFIED HEALTHCARE CORP.

BOARD OF DIRECTORS

Director	Frank N. Liguori	175 Broad Hollow Road Melville, New York 11747
Director	Robert A. Fusco	175 Broad Hollow Road Melville, New York 11747

CORPORATE OFFICERS

President	Robert A. Fusco	175 Broad Hollow Road Melville, New York 11747
Senior Vice President and Chief Financial Officer	Thomas M. Boelsen	175 Broad Hollow Road Melville, New York 11747
Senior Vice President and General Counsel	William P. Costantini	175 Broad Hollow Road Melville, New York 11747
Senior Vice President Operations Support	Steve Lumpkin	10890 Benson Drive Overland Park, KS 66210
Vice President, Finance/Accounting and Treasurer	Steve Jordan	10890 Benson Drive Overland Park, KS 66210
Vice President, Ass't General Counsel and Secretary	Laurin L. Laderoute, Jr.	175 Broad Hollow Road Melville, New York 11747
Vice President, Ass't General Counsel and Assisant Secretary	Nancy F. Lanis	175 Broad Hollow Road Melville, New York 11747
Assistant Secretary	Ruth Dixon	10890 Benson Drive Overland Park, KS 66210
Assistant Secretary	Bradley D. Hart	10890 Benson Drive Overland Park, KS 66210

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