

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P22747 (0)
1. Corporation Name

OLSTEN CERTIFIED HEALTHCARE CORP.



Principal Place of Business: **175 BROAD HOLLOW RD. MELVILLE NY 11747**
Mailing Address: **175 BROAD HOLLOW RD. MELVILLE NY 11747**

3. Date Incorporated or Qualified: **01/26/1989**
3a. Date of Last Report: **05/02/1995**
4. FEI Number: **11-2645333**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

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 **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's signature required when re-registering)

(12)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIGUORI, FRANK N.	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FUSCO, ROBERT	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LADEROUTE, LAURIN L. JR	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	SVPG	<input type="checkbox"/> DELETE
NAME	CONSTANTINE, WILLIAM P.	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	SVPF	<input type="checkbox"/> DELETE
NAME	BOELSEN, THOMAS M.	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	NEW ADDRESS CHANGE	
21 TITLE	PRESIDENT - NOT VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	AS ABOVE	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(c), 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: *Laurin Laderoute* **6/24/96** 516. 844-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)