

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 11747-4902
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/26/1989	3a. Date of Last Report 07/02/1996
4. FCI Number 11-2645333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when re-naming) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGUORI, FRANK N.	1.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ROBERT	2.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADEROUTE, LAURIN L, JR	3.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	3.4 CITY-ST-ZIP	
TITLE	SVPG	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINE, WILLIAM P.	4.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	4.4 CITY-ST-ZIP	
TITLE	SVPF	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOELSEN, THOMAS M.	5.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	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 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.

SIGNATURE: *Laurin Laderoute* 4/15/97

CR2E034 (9/96)