

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/26/1989	
4. FEI Number 11-2645333	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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

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 _____
Signature type does not matter. For use of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DELETE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
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	300002541693	
53 STREET ADDRESS	-06/01/98--01016--043	
54 CITY-ST-ZIP	***150.00	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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.

SIGNATURE *Laurin L. Laderoute Jr* DATE *5/28/98* 844-7260

CP2E034 (10/97)