

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90113 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22747**

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		3. Date Incorporated or Qualified <b>01/26/1989</b>	
21	22	26	27	4. FEI Number <b>11-2645333</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent <b>BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGUORI, FRANK N.	12 NAME	<b>SVP JOHN J. COLLURA</b>
STREET ADDRESS	175 BROAD HOLLOW RD	13 STREET ADDRESS	<b>175 BROAD HOLLOW RD</b>
CITY-ST-ZIP	MELVILLE NY	14 CITY-ST-ZIP	<b>MELVILLE NY</b>
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ROBERT	22 NAME	
STREET ADDRESS	175 BROAD HOLLOW RD	23 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	24 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADERROUTE, LAURIN L, JR	32 NAME	
STREET ADDRESS	175 BROAD HOLLOW RD	33 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	34 CITY-ST-ZIP	
TITLE	SVPG <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINE, WILLIAM P.	42 NAME	<b>WILLIAM A COSTANTINI</b>
STREET ADDRESS	175 BROAD HOLLOW RD	43 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	44 CITY-ST-ZIP	
TITLE	SVPF <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOELSEN, THOMAS M.	52 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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, with a like empowered.

SIGNATURE: Laurin Laderoute Jr LAURIN L. LADERROUTE JR 4/26/99 516-844-7266  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)