

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90024 004 ***150.00

DOCUMENT # P22747

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3 Huntington Quadrangle
 Suite, Apt. #, etc.
2 So.

3. Mailing Address
3 Huntington Quadrangle
 Suite, Apt. #, etc.
2 So.

City & State
Melville, NY

City & State
Melville, NY

Zip
11747

Country
USA

Zip
11747

Country
USA

4. FEI Number **11-2645333**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 4435 OLD WINTER GARDEN ROAD
 ORLANDO FL 32802**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP COLLURA, JOHN J 175 BROAD HOLLOW RD MELVILLE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUSCO, ROBERT 175 BROAD HOLLOW RD MELVILLE NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LADEROUTE, LAURIN L, JR 175 BROAD HOLLOW RD MELVILLE NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPG CONSTANTINI, WILLIAM P 175 BROAD HOLLOW RD MELVILLE NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF BOELSEN, THOMAS M. 175 BROAD HOLLOW ROAD MELVILLE NY 11747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, Treas, D John J. Collura 3 Huntington Quadrangle, 2 So. Melville, NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Edward A. Blechschmidt same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP -Ronald A. Malone same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, Gen. Counsel Patricia C. Ma same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treas. John Potapchuk same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secy. Ruth Schwartz same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J. Collura* **John J. Collura** **4/5/01** **631-501-7000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
C.F.O. + Treas.

CR2E034 (10/00)

Document #
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OLSTEN CERTIFIED HEALTHCARE CORP.

(Delaware)

Directors

Edward A. Blechschmidt
John J. Collura

Officers

Edward A. Blechschmidt	President
John J. Collura	Treasurer and Chief Financial Officer
Ronald A. Malone	Executive Vice President
Patricia C. Ma	Secretary and General Counsel
John Potapchuk	Assistant Treasurer
Ruth Schwartz	Assistant Secretary

Directors and Officers are located at:

**3 Huntington Quadrangle, 2 So.
Melville, New York 11747-8943**