

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000173 (5)**

1. Corporation Name

NOVACARE ORTHOTICS & PROSTHETICS EAST, INC.



Principal Place of Business: **1016 NINTH AVENUE KING OF PRUSSIA PA**
Mailing Address: **% NOVA CARE, INC. ATTN: SHARRI BURNEISTER 1016 NINTH AVE KING OF PRUSSIA PA US**

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

3. Date Incorporated or Qualified: **01/14/1993**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **23-2582601**
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

9. Name and Address of Current Registered Agent
**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: _____ (NOTE: Registered Agent signature is required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, JOHN	1.2 NAME	Brad Behr
STREET ADDRESS	1016 W. 9TH AVE.	1.3 STREET ADDRESS	1016 W 9th Ave King of Prussia PA
CITY-ST-ZIP	KING OF PRUSSIA PA	1.4 CITY-ST-ZIP	19104
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Secretary
NAME	HISCOCK, RONALD G	2.2 NAME	
STREET ADDRESS	700 AMERICAN AVENUE	2.3 STREET ADDRESS	1016 W 9th Ave King of Prussia PA
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	2.4 CITY-ST-ZIP	19104
TITLE	TASV <input type="checkbox"/> DELETE	3.1 TITLE	Secretary only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINNIS, WILLIAM	3.2 NAME	Howard Kamins
STREET ADDRESS	1016 W NINTH AVE	3.3 STREET ADDRESS	Same Address
CITY-ST-ZIP	KING OF PRUSSIA PA	3.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINS, HOWARD	4.2 NAME	
STREET ADDRESS	1016 NINTH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELYEA, ALAN	5.2 NAME	
STREET ADDRESS	1016 W NINTH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Brad Behr** 2-16-96 610-992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)