

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90081 036 \*\*\*150.00

10080201

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000000173**

1. Corporation Name  
**NOVACARE ORTHOTICS & PROSTHETICS EAST, INC.**



Principal Place of Business  
**1016 NINTH AVENUE  
 KING OF PRUSSIA PA**

Mailing Address  
*C. Kuch*  
**% NOVA CARE, INC. ATTN: SHARRI BURNEISTER  
 1016 NINTH AVE  
 KING OF PRUSSIA PA  
 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**01/14/1993**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

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 required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BEHR, BRAD	
STREET ADDRESS	1016 W 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HISCOCK, RONALD G	
STREET ADDRESS	700 AMERICAN AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEWLEY, PETER	
STREET ADDRESS	1016 W NINTH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TORZOLINI, WILLIAM	
STREET ADDRESS	1016 W NINTH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HARSH, NICHOLAS J	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Smith, Barry	
1.3 STREET ADDRESS	1016 W. Ninth Ave	
1.4 CITY-ST-ZIP	King of Prussia PA 19406	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1016 W. Ninth Ave	
2.4 CITY-ST-ZIP	King of Prussia PA 19406	
3.1 TITLE	VP, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Binsten, Richard	
3.3 STREET ADDRESS	1016 W. Ninth Ave	
3.4 CITY-ST-ZIP	King of Prussia PA 19406	
4.1 TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Taylor, Richmond	
4.3 STREET ADDRESS	1016 W. Ninth Ave	
4.4 CITY-ST-ZIP	King of Prussia PA 19406	
5.1 TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mayers, Andrew	
5.3 STREET ADDRESS	1016 W. Ninth Ave	
5.4 CITY-ST-ZIP	King of Prussia PA 19406	
6.1 TITLE	VP, TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Campbell, Pete	
6.3 STREET ADDRESS	1016 W. Ninth Ave	
6.4 CITY-ST-ZIP	King of Prussia PA 19406	

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 all other like empowered.

SIGNATURE: *Richard S. Binsten* Date: *1/13/99* Daytime Phone #: *610/992-7200*

CR2E034 (1/98)