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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300063694 1. Corporation Name

NOVACARE EMPLOYEE SERVICES OF AMERICA, INC.

	e of Business	Mailing Address				I		
2 43RD ST W	1	1016 W. 9TH AVENUE						
RADENTON FL 34209		ATTN: TAX DEPARTMENT			DO NOT WRITE IN THIS SPACE			
		KING OF PRUSSIA PA 19406	101		3. Date Incorporated or Qualifed			
	_	AHn: Legal W	$e\varphi r$.		09/13/1993			
Osioniani Oli	loop of Business	2a. Mailing Address			4. FEI Number		l ! App	lied For
Principal Place of Business		26			65-0649506			Applicable
Cuite Ant	# 010	Suite, Apt. #, etc.		_			8.75 Ad	
- Suite, Apt. ∤ I	#, etc.	27			5. Certifcate of Status Desired	. □	Fee Req	
City 9 Chata		City & State			6. Election Campaign Financing		5.00 N	Asy Ro
City & State	=	⊢ , '			Trust Fund Contribution		Added to	
: 7:-	Country	28 Zip	Country		8. This corporation owes the curr	<u> </u>		
Zip	_ ′		50		Personal Property Tax.			□No
	25	1 2	50 j	-	10. Name and Address of New F			
	9. Name and Address of Curre	nt Registered Agent	81	Name	To. Traine and Products of Train			
CTO	CORPORATION SYSTEM							
	SOUTH PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
	NTATION FL 33324		0.2	_		<u> </u>		
PLAN	NIAHUN FL 33324		83					
			84	City		8:	5 Zip Ci	ode
				1	poration submits this statement for the	FL °		
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes	,	ion's board of directors. I hereby accept	<u> </u>		
IGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE F	Registered Ager	t signature requir	ed when reinstating)	DATE		
2.	OFFICERS A	ND DIRECTORS	13.	Ī	ADDITIONS/CHANGES TO OF			
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ME	SCHUBERT, THOMAS D	-	1.2 NAME			!		
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