SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 8:25

DOCUMENT # F93000002987 (6)

1. Corporation Name

GENERAL HEALTHCARE RESOURCES, INC.

Principal Place of Business	Mailing Address
735 CHESTERBROOK BLVD. SUITE 200 WAYNE PA 19087 US	735 CHESTERBROOK BLVD. SUITE 200 WAYNE PA 19087 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 525 Plymouth Rd	2a. Mailing Address 26 Same
(Suite) Apt #, etc 22 308	Suite, Apt #, etc 27
City & State 23 Plymouth Meeting PA	City & State 28
Zip / Country 24 19462 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified 06/24/1993	3a. Date of Last Report 05/10/1994
4. FEI Number 23-2720209	☐ Applied For ☐ Not Applicable
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 RD.
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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	QUIRK, JOHN J	12 NAME	
STREET ADDRESS	313 VALLEY STREAM LANE	13 STREET ADDRESS	820 N Fairway Rd
CITY ST ZIP	WAYNE PA 19087	14 CITY ST ZIP	Glenside PA 19038
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	MUNROE, JAN ROBERT	22 NAME	
STREET ADDRESS	597 BROOKWOOD RD.	23 STREET ADDRESS	
CITY ST ZIP	WAYNE PA 19087	24 CITY ST ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	PALMER, LAWRENCE A	32 NAME	S Susan Quirk
STREET ADDRESS	387 ABRAMS MILL RD.	33 STREET ADDRESS	820 N Fairway Rd
CITY ST ZIP	KING OF PRUSSIA PA 19406	34 CITY ST ZIP	Glenside PA 19038
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KENT, LAWRENCE A	42 NAME	
STREET ADDRESS	205 GLENN ROAD	43 STREET ADDRESS	
CITY ST ZIP	ARDMORE PA 19003	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KENT, MAURICE D	52 NAME	
STREET ADDRESS	431 GLYN WYNNE ROAD	53 STREET ADDRESS	
CITY ST ZIP	HAVERFORD PA 19041	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: _____ 6/7/95 (610) 834 1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176467 FP