SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F93000002987 (6)**

1. Corporation Name
GENERAL HEALTHCARE RESOURCES, INC.

Principal Place of Business	Mailing Address
525 PLYMOUTH RD STE 308 PLYMOUTH MEETING PA 19462 US	525 PLYMOUTH RD STE 308 PLYMOUTH MEETING PA 19462 US

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business
21 527 Plymouth Rd
Suite, Apt. #, etc.
22 Suite 408
City & State
23 Plymouth Meeting PA
Zip 24 19462 Country 25 USA

2a. Mailing Address
26 527 Plymouth Rd
Suite, Apt. #, etc.
27 Suite 408
City & State
28 Plymouth Meeting PA
Zip 29 19462 Country 30 USA

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, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	QUIRK, JOHN J		1.2 NAME	
STREET ADDRESS	820 N FAIRWAY RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENSIDE PA		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MUNROE, JAN ROBERT		2.2 NAME	
STREET ADDRESS	597 BROOKWOOD RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA 19087		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	QUIRK, SUSAN		3.2 NAME	
STREET ADDRESS	820 N FAIRWAY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENSIDE PA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KENT, LAWRENCE A		4.2 NAME	
STREET ADDRESS	205 GLENN ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ARDMORE PA 19003		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KENT, MAURICE D		5.2 NAME	
STREET ADDRESS	431 GLYN WYNNE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	HAVERFORD PA 19041		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-14-96 (610)834-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #