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FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
527 PLYMOUTH RD  
SUITE 408  
PLYMOUTH MEETING PA 19462  
US

Mailing Address  
527 PLYMOUTH RD  
STE 408  
PLYMOUTH MEETING PA 19462-1641  
US

3. Date Incorporated or Qualified 06/24/1993  
3a. Date of Last Report 06/25/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	QUIRK, JOHN J	
STREET ADDRESS	820 N FAIRWAY RD	
CITY-ST-ZIP	GLENSIDE PA	
TITLE	T	DELETE
NAME	MUNROE, JAN ROBERT	
STREET ADDRESS	597 BROOKWOOD RD.	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	S	DELETE
NAME	QUIRK, SUSAN	
STREET ADDRESS	820 N FAIRWAY RD	
CITY-ST-ZIP	GLENSIDE PA	
TITLE	D	DELETE
NAME	KENT, LAWRENCE A	
STREET ADDRESS	205 GLENN ROAD	
CITY-ST-ZIP	ARDMORE PA 19003	
TITLE	D	DELETE
NAME	KENT, MAURICE D	
STREET ADDRESS	431 GLYN WYNNE ROAD	
CITY-ST-ZIP	HAVERFORD PA 19041	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 changing the name of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)