

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002987

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: GENERAL HEALTHCARE RESOURCES, INC.

## Current Principal Place of Business:

900 SOUTH FEDERAL HIGHWAY  
SUITE 305  
STUART, FL 34994 US

## New Principal Place of Business:

## Current Mailing Address:

2250 HICKORY ROAD  
SUITE 240  
PLYMOUTH MEETING, PA 19462 US

## New Mailing Address:

FEI Number: 23-2720209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: QUIRK, JOHN J  
Address: 2250 HICKORY RD, SUITE 240  
City-St-Zip: PLYMOUTH MTG, PA 19462

Title: TS ( ) Delete  
Name: PALMER, LAWRENCE A  
Address: 404 E LANCASTER AVE  
City-St-Zip: WAYNE, PA 19087

Title: V ( ) Delete  
Name: SMALING, THERESA M  
Address: 2250 HICKORY RD, STE 240  
City-St-Zip: PLYMOUTH MTG, PA 19462

Title: D ( ) Delete  
Name: KENT, LAWRENCE J  
Address: 404 E LANCASTER AVE  
City-St-Zip: WAYNE, PA 19087

Title: D ( ) Delete  
Name: KENT, MAURICE D  
Address: 404 E LANCASTER AVE  
City-St-Zip: WAYNE, PA 19087

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA M SMALING

V

03/03/2008

Electronic Signature of Signing Officer or Director

Date