## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 17, 2003 8:00 am Secretary of State

610-727-7000

Daytime Phone #

			<u> </u>	<del></del>		iary or Sta	ill	
DOCUMENT #eF94997  1. Entity Name				/	03-17-2003 91088 003 ***150.00			
Insta-Ca	re Holdings, Inc	:•	$\checkmark$					
	DO NOT WR	ITE IN THIS SPACE						
·					90054098			
2. Principal Place of Business 3. Mailing Address								
1300 Morris Drive 1300 Mor			ris Drive					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	Applied I		
Chesterbrook, PA		Chesterbrook.			59-2213553	Not Appl		
<b>Zip</b> 19087	Country USA	Zip 19087	Country USA		5. Certificate of Status Desired	Fee Required	'	
	DO NOT WRITE IN		000	المعنوب بينوي ميزو	7. Name and Address of Current I	Registered Agent		
	-DO:HO!: AAK! I.E.III	ITHOUGHACE		Name				
					oration		<b>—</b> Н	
	•	· ·			Street Address (P.O. Box Number is Not Acceptable)			
•			L	1200 Sc	outh Pine Island Road	<u>1</u>		
-	•				*			
			-	City		Zip Code		
, 10, 11	· · · · · · · · · · · · · · · · · · ·	granica de la composição	-s -	Planata	tion •	FL 33324		
8. The above	named entity submits this state	ement for the purpose of chang	ing its regi	stered office	or registered agent, or both, in the State	e of Florida. I am familiar wit	th,	
and accep	t the obligations of registered a	gent.	er en	an erese.	មានក្រុម ខេត្ត បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្ ប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានបង្គ្រាស់ បានប្រជាពលរដ្ឋ បានប្រជាពលរដ្ឋ បានប្រជាពល	ingen for in the contract of	•	
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SIGNATURE	<u> </u>		<u> </u>	ì			<u> </u>	
	Signature, typed or printed name of	registered agent and title if applicat	ole. + (NC	OTE: Registere	d Agent signature required when reinstating)	DATE		
	nuary 1 - May 1 Fee is \$150.00		4	-	C Startion Compaign Fig.	ncing <b>\$5.00</b> Ma	av Bo	
	After May 1, Fee is \$550.00		f.		9. Election Campaign Fina Trust Fund Contribution.			
Make Check	Amended UBR is \$61.25 Payable to Florida Department	at of State	•		Trust Fana Contribution.			
10.		ND DIRECTORS		·	,I_,			
	President	ND DIRECTORO	TITLE					
TITLE	Charles J. Carpenter		NAME				i	
NAME				T ADDRESS			i	
STREET ADDRESS	1300 Morris Driv		CITY - ST - ZIP					
CITY - ST - ZIP	Chesterbrook, PA	1908/		31 - ZIF		<del></del>	-	
TITLE	Senior VP & CFO	•	title Name:				+	
NAME	David Weidner			T ADDRESS			1	
STREET ADDRESS	1300 Morris Driv		CITY -	•	•		ŀ	
CITY - ST - ZIP	Chesterbrook, PA	<u> 19087                                     </u>	_	\$1 · ZIF				
TITLE	VP & Secretary		TITLE		rain a and a second		-	
NAME	William D. Sprac		NAME	* *******				
STREET ADDRESS	1300 Morris Dri			T ADDRESS ST - ZIP	DO NOT WRITE IN	THIS SPACE		
CITY - ST - ZIP	Chesterbrook, PA			31 - 217	DO NOT WATE	TINO OF ACE	-	
TITLE	VP, General Cour	nsel, Asst. Sec.	TITLE					
NAME	John Scheels	, , , ,	NAME		•			
STREET ADDRESS	1 2000 110 2 2 2			T ADDRESS				
CITY - ST - ZIP	Chesterbrook, PA	A 19087	CITY -	ST - ZIP				
TITLE	Asst. Secretary		TITLE					
NAME	Daniel T. Hirst		NAME					
STREET ADDRESS				T ADDRESS			.	
CITY - ST - ZIP	Chesterbrook, PA		CITY -	ST - ZIP				
TITLE	Commence of the second	1	TITLE	T	و د د د د ۱۳۰۰ تا محکورت	all of the Control of the last	٠, ٠	
NAME OF THE PARTY CONTRACTOR OF THE PARTY OF						The second of the second		
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CITY - ST - ZIP			CITY -	ST - ZIP				
<b></b>		ad with this filling days and arrell	files the -	vomation stat	ted in Section 119 07/31/i) Florida Stat	utes. I further certify that the	$\Box$	
12. I hereby ce	ertify that the information supplied	niemental recort is true and ac ac base eurit is tracertal record	ny for the e curate and	that my sign	ted in Section 119.07(3)(i). Florida Stat ature shall have the same legal effect a	as if made under oath: that I	am	
an officer of	or director of the cornoration or	the receiver or trustee empowe	red to exe	cute this repo	rt as required by Chapter 607, Florida	Statutes; and that my name	-	
appears in	Block 10 or on an attachment	with an address, with all other li	ike empow	ered.	··· · · · · · · · · · · · · · · · · ·		*	

2002 3150 0003 5479 6705

appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: