

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

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

03-17-2003 91088 003 ***150.00

DOCUMENT # F94997

1. Entity Name

Insta-Care Holdings, Inc.

DO NOT WRITE IN THIS SPACE

90054098

2. Principal Place of Business

1300 Morris Drive

Suite, Apt. #, etc.

3. Mailing Address

1300 Morris Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Chesterbrook, PA

Zip

19087

Country

USA

City & State

Chesterbrook, PA

Zip

19087

Country

USA

4. FEI Number

59-2213553

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Planatation

FL

Zip Code

33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Charles J. Carpenter	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY - ST - ZIP	Chesterbrook, PA 19087	CITY - ST - ZIP	
TITLE	Senior VP & CFO	TITLE	
NAME	David Weidner	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY - ST - ZIP	Chesterbrook, PA 19087	CITY - ST - ZIP	
TITLE	VP & Secretary	TITLE	
NAME	William D. Sprague	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY - ST - ZIP	Chesterbrook, PA 19087	CITY - ST - ZIP	
TITLE	VP, General Counsel, Asst. Sec.	TITLE	
NAME	John Scheels	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY - ST - ZIP	Chesterbrook, PA 19087	CITY - ST - ZIP	
TITLE	Asst. Secretary	TITLE	
NAME	Daniel T. Hirst	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY - ST - ZIP	Chesterbrook, PA 19087	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel T. Hirst

Daniel T. Hirst

Date

3/10/2003

Daytime Phone #

610-727-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 3150 0003 5479 6705

CR2E034B (12/02)