

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90081 037 ***150.00

DOCUMENT # F96000003980

1. Corporation Name

NOVACARE EMPLOYEE SERVICES WEST, INC.



Principal Place of Business
4350 E. CAMELBACK #100E
PHOENIX AZ 85018

Mailing Address
1016 W NINTH AVE
ATTN C KUCH
KING OF PRUSSIA PA 19406
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

86-0552148

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME HULBER, LOREN J
STREET ADDRESS 3621 AVN BUREN AVE
CITY-ST-ZIP NORNSTOWN PA 19403

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3621 Van Buren Ave
1.4 CITY-ST-ZIP

TITLE DTR ☐ DELETE
NAME SCHUBERT, THOMAS D
STREET ADDRESS 2621 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME KERR, AVEN A
STREET ADDRESS 1016 W NINTH AVE
CITY-ST-ZIP KING OF PRUSSIA PA 19406

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2621 Van Buren Ave
3.4 CITY-ST-ZIP Norristown PA 19403

TITLE SVPS ☒ DELETE
NAME MARTINO, MARIEL
STREET ADDRESS 1016 W NINTH AVE
CITY-ST-ZIP KING OF PRUSSIA PA 19406

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Binstein, Richard
4.3 STREET ADDRESS 2621 Van Buren Ave
4.4 CITY-ST-ZIP Norristown PA 19403

TITLE VP ☐ DELETE
NAME SHOSTACK, RONALD N
STREET ADDRESS 4350 E CAMELBACK, #100 E
CITY-ST-ZIP PHOENIX AZ 85018

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)