

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

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

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Country

30

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	HULBER, LOREN J	3621 AVN BUREN AVE	NORNSTOWN PA 19403	<input type="checkbox"/> DELETE			
DTR	SCHUBERT, THOMAS D	2621 VAN BUREN AVE	NORRISTOWN PA 19403	<input type="checkbox"/> DELETE			
DVP	KERR, AVEN A	1016 W NINTH AVE	KING OF PRUSSIA PA 19406	<input type="checkbox"/> DELETE			
SVPS	MARTINO, MARIEL	1016 W NINTH AVE	KING OF PRUSSIA PA 19406	<input checked="" type="checkbox"/> DELETE			
VP	SHOSTACK, RONALD N	4350 E CAMELBACK, #100 E	PHOENIX AZ 85018	<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
		2621 Van Buren Ave																					
		2621 Van Buren Ave	Norristown PA 19403																				
		2621 Van Buren Ave	Norristown PA 19403																				

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 #

CP2EN34 (11/99)