2000 UNIFORM BUSINESS REPORT (UBR)

1063

DOCUMENT # H73758

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

HR LOGIC OF ORLANDO I, INC.

Principal Place of Business / Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
402 43RD ST WEST Suite, Apt. #, etc.	2621 VAN BUREN AVE. Suite, Apt. #, etc.	59-2574006	Not Applicable
City & State: BRADENTON FL Zip: 34209 Country: USA	City & State: NORRISTOWN PA Zip: 19403 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete see attached	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO CRAIG P. COY 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC. V.P AVEN A. KERR 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTINA D. HARRIS 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDWIN A. NEUMANN 2621 VAN BUREN AVE NORRISTOWN PA 19403 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003246081--7 -05/10/00--01012--009 ****150.00 ****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EDWIN A. NEUMANN 4/5/2000 610-630-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3 of 3

04/27/1999

List of Active Officers and Directors

NOVACARE EMPLOYEE SERVICES OF ORLANDO I, INC. 2
F/K/A **Do-All Services, Inc.**

Director	Title	Start Date	Last Elected	End Date
Loren J. Hulber	Director	10/31/1998		
Aven A. Kerr	Director	10/31/1998		
Thomas D. Schubert	Director	10/31/1998		

Officer	Title	Start Date	Last Elected	End Date
Loren J. Hulber	President	10/31/1998		
James E. Boyd	Vice President	10/31/1998		
Christina D. Harris, Esq.	Vice President	10/31/1998		
Aven A. Kerr	Vice President	10/31/1998		
Richard S. Binstein	Secretary	10/31/1998		
Thomas D. Schubert	Treasurer	10/31/1998		
	Chief Financial Officer	10/31/1998		
	Vice Pres. - Finance	10/31/1998		

Address for all: 2621 Van Buren Avenue
Norristown, PA 19128

NOW: FILING FEE AFTER MAY 1ST IS $550.00

2063

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # H73758

Corporation Name

NO-ALL SERVICES, INC. NOVACARE EMPLOYEE SERVICES OF ORLANDO I, INC.

Place of Business	Mailing Address
VENERA AVE 320 GABLES FL 33146	150 VENERA AVE SUITE 320 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/29/1985

Principal Place of Business: 2621 VAN BUREN AVE
Suite, Apt. #, etc.:
City & State: NORRISTOWN, PA
Zip: 19129 25 Country: USA

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29 Country 30:

4. FEI Number: 59-2574006 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

~~MAYVILLE, WILLIAM E~~
~~722 ALEDO AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD
83:
84 City: PLANTATION FL 85 Zip Code: 33324

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

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD MAYVILLE, WILLIAM E 722 ALEDO AVENUE CORAL GABLES FL 33134 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition
☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

per attached

CR2E034 (11/98)

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] 7/20/99 610-650-4813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS D. SCHUBERT V.P. FINANCE, CFO