FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002559 (3)

1. Corporation Name

ASSOCIATION OF INTERNATIONAL HEALTH CARE RECRUIT ERS, INC.

Principal Place of Business	Mailing Address
4300 DUHME RD MADEIRA BEACH FL 33708	4300 DUHME RD MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 08/23/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COVERT, PETER H 4300 DUHME RD MADEIRA BEACH FL 33708	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: Peter H. Covert, DIRECTOR — DATE: 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	COVERT, PETER	1 2 NAME	
STREET ADDRESS	4300 DUHME RD	1 3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	D ☒ Change ☐ Addition
NAME	~~CURRIE, PEGGY~~	2 2 NAME	LUDWIG, JUDI
STREET ADDRESS	~~812 OAK ST~~	2 3 STREET ADDRESS	1025 VERMONT AV NW - Suite 915
CITY-ST-ZIP	~~WINNETKA IL 60093~~	2 4 CITY-ST-ZIP	WASHINGTON DC 20005
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, RICK	3 2 NAME	
STREET ADDRESS	SUNBELT P.T.	3 3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	D. ☒ Change ☐ Addition
NAME	~~ATWOOD, CHRIS~~ MICHAEL McBURNIE	4 2 NAME	McBURNIE, Michael
STREET ADDRESS	101 N MAIN ST	4 3 STREET ADDRESS	same
CITY-ST-ZIP	FAIRFIELD IA 52556	4 4 CITY-ST-ZIP	same
TITLE	D	5 1 TITLE	D ☒ Change ☐ Addition
NAME	~~STERN, PAUL~~	5 2 NAME	DEFRANCO, JOY
STREET ADDRESS	~~100 S WINNETKA~~	5 3 STREET ADDRESS	P.O. Box 1600
CITY-ST-ZIP	~~GLENVIEW IL 60025~~	5 4 CITY-ST-ZIP	BIRMINGHAM, MI 48012
TITLE	D	6 1 TITLE	D ☒ Change ☐ Addition
NAME	~~EICHENHORN, MICHELE~~	6 2 NAME	KERNER, KATHY
STREET ADDRESS	~~30600 NORTHWESTERN HWY SUITE 400~~	6 3 STREET ADDRESS	c/o NOVACARE CORP.
CITY-ST-ZIP	~~FARMINGTON HILLS MI 48334~~	6 4 CITY-ST-ZIP	KING OF PRUSSIA, PA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter H. Covert DIRECTOR — 4-19-95 — (813) 391-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00059174