

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP 19 AM 11:51

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

3. Date Incorporated or Qualified
06/01/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 3450 E. Lake Rd. #202

2a. Mailing Address

26 3450 E. Lake Rd. #202

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

City & State

23 Palm Harbor, FL

City & State

28 Palm Harbor, FL

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

Zip

Country

24 34685

Zip

Country

29 34685

30

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

Rick Carlson

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

3450 E. Lake Rd. #202

83

84 City

Palm Harbor

FL

85 Zip Code

34685

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Rick Carlson

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COVERT, PETER
STREET ADDRESS 4300 DUHME RD
CITY-ST-ZIP MADEIRA BEACH FL 33708
X DELETE

11 TITLE D
12 NAME Ridener, Marlene
13 STREET ADDRESS 4171 Stone Ridge Dr.
14 CITY-ST-ZIP Brownsburg, IN 46112
□ Change XX Addition

TITLE D
NAME LUDWIC, JUDI
STREET ADDRESS 1025 VERMONT AVE NW, SUITE 915
CITY-ST-ZIP WASHINGTON DC
□ DELETE

21 TITLE D
22 NAME Ludwic, Judith
23 STREET ADDRESS 8401 Corporate Dr. #640
24 CITY-ST-ZIP Landover, MD 20785
XX Change □ Addition

TITLE D
NAME CARLSON, RICK
STREET ADDRESS SUNBELT P.T.
CITY-ST-ZIP PALM HARBOR FL 34685
□ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
300001965793
-10/04/96--01108--001

TITLE D
NAME MCBURNIE, MICHAEL
STREET ADDRESS 101 N MAIN ST
CITY-ST-ZIP FAIRFIELD IA
□ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
*****70.00 □ Change *70.00 Addition

TITLE D
NAME DEFRANCO, JOY
STREET ADDRESS P.O. BOX 1600
CITY-ST-ZIP BIRMINGHAM AL
X DELETE

51 TITLE D
52 NAME McMillan, Michele
53 STREET ADDRESS Dynamic Healthcare Professionals
54 CITY-ST-ZIP 45840 Port St., Plymouth MI 48170
□ Change XX Addition

TITLE D
NAME KERNER, KATHY
STREET ADDRESS C/O NOVACARE CORP.
CITY-ST-ZIP KING OF PRUSSIA P
X DELETE

61 TITLE D
62 NAME Koerner, Kathy
63 STREET ADDRESS c/o NovaCare
64 CITY-ST-ZIP King of Prussia, PA
XX Change □ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Carlson

Date

Daytime Phone

0057405

CR2E037 (12/95)