

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000002559 (3)**

1. Corporation Name

ASSOCIATION OF INTERNATIONAL HEALTH CARE RECRUITERS, INC.

Principal Place of Business

3450 E. LAKE RD.
#202
PALM HARBOR FL 34685

Mailing Address

3450 E. LAKE RD.
#202
PALM HARBOR FL 34685-2411

FILED
May 20 1997 8:00am
Secretary of State



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Zip

24

Country

25

Country

29

9. Name and Address of Current Registered Agent

**CARLSON, RICK
3450 W. LAKE RD.
#202
PALM HARBOR FL 34685**

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

09/19/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIDENER, MARLENE 4171 STONE RIDGE DR. BROWNSBURG IN 46112 | <input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUDWIC, JUDITH 8401 CORPORATE DR. #640 LANDOVER MD 20785 | <input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARLSON, RICK SUNBELT P.T. PALM HARBOR FL 34685 | <input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCBURNIE, MICHAEL 101 N MAIN ST FAIRFIELD IA | <input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCMILLAN, MICHELE DYNAMIC HEALTHCARE PROF. 45840 PORT ST. PLYMOUTH MI 48170 | <input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOERNER, KATHY C/O NOVACARE CORP. KING OF PRUSSIA PA | <input checked="" type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
| | | D DOUG PENDRY 1601 SHERMAN AVE. EVANSTON IL 60201 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 unchanged, or on a line adjacent to an address.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-97

Daytime Phone # 0068650

CR2E037 (9/96)