

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	<b>D</b> 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	<b>D</b> 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	<b>D</b> 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	<b>D</b> 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	<b>D</b> 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	<b>D</b> 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
		<b>D</b> 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)