

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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**

3. Date Incorporated or Qualified: **08/01/1993**
 3a. Date of Last Report: **09/19/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		NOT APPLICABLE		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARLSON, RICK 3450 W. LAKE RD. #202 PALM HARBOR FL 34685				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDENER, MARLENE	1.2 NAME	
STREET ADDRESS	4171 STONE RIDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROWNSBURG IN 46112	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, JUDITH	2.2 NAME	
STREET ADDRESS	8401 CORPORATE DR. #640	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANDOVER MD 20785	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBURNIE, MICHAEL	4.2 NAME	
STREET ADDRESS	101 N MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD IA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, MICHELE	5.2 NAME	
STREET ADDRESS	DYNAMIC HEALTHCARE PROF. 45840 PORT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI 48170	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOERNER, KATHY	6.2 NAME	
STREET ADDRESS	C/O NOVACARE CORP.	6.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	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)(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 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** _____ DATE: **4-28-97** DAYTIME PHONE # **0068650**

CP2E037 (9/96)