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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002559 (3)

1. Corporation Name

ASSOCIATION OF INTERNATIONAL HEALTH CARE RECRUIT  
ERS, INC.

Principal Place of Business

Mailing Address

3450 E. LAKE RD.  
#202  
PALM HARBOR FL 346853450 E. LAKE RD.  
#202  
PALM HARBOR FL 34685-24113. Date Incorporated or Qualified  
08/01/19933a. 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 Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME RIDENER, MARLENE  
STREET ADDRESS 4171 STONE RIDGE DR.  
CITY-ST-ZIP BROWNSBURG IN 461121.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME LUDWIG, JUDITH  
STREET ADDRESS 8401 CORPORATE DR. #640  
CITY-ST-ZIP LANDOVER MD 207852.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME CARLSON, RICK  
STREET ADDRESS SUNBELT P.T.  
CITY-ST-ZIP PALM HARBOR FL 346853.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME MCBURNIE, MICHAEL  
STREET ADDRESS 101 N MAIN ST  
CITY-ST-ZIP FAIRFIELD IA4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME MCMILLAN, MICHELE  
STREET ADDRESS DYNAMIC HEALTHCARE PROF. 45840 PORT ST.  
CITY-ST-ZIP PLYMOUTH MI 481705.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME KOERNER, KATHY  
STREET ADDRESS C/O NOVACARE CORP.  
CITY-ST-ZIP KING OF PRUSSIA PA6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME DOUG PENDRY  
6.3 STREET ADDRESS 1601 SHERMAN AVE.  
6.4 CITY-ST-ZIP 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)(f), 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

Daytime Phone # 0000000

CP2E037 (9/96)