FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:36

DOCUMENT # **P31161** **(3)**

1. Corporation Name
NOVACARE, INC.

Principal Place of Business	Mailing Address
1016 W. NINTH AVE. KINA OF PRUSSIA PA 19406 US	1016 W. NINTH AVENUE KINA OF PRUSSIA PA 19406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1990
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 23-2146651 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	FOSTER, TIMOTHY	1.2 NAME	Foster, Timothy
STREET ADDRESS	2570 BLVD. OF GENERALS	1.3 STREET ADDRESS	1016 W 9th Ave
CITY-ST-ZIP	VALLEY FORGE PA	1.4 CITY-ST-ZIP	King of Prussia PA 19406
TITLE	TVP	2.1 TITLE	☒ Change ☐ Addition
NAME	HEALY, ROBERT	2.2 NAME	Robert Healy
STREET ADDRESS	2570 BLVD. OF GENERALS	2.3 STREET ADDRESS	1016 W 9th Ave
CITY-ST-ZIP	VALLEY FORGE PA	2.4 CITY-ST-ZIP	King of Prussia, PA 19406
TITLE	DAS	3.1 TITLE	☐ Change ☐ Addition
NAME	COOGAN, JOHN N. JR.	3.2 NAME	
STREET ADDRESS	1016 W. NINTH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KINA OF PRUSSIA PA	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	☒ Change ☐ Addition
NAME	SMITH, BARRY E.	4.2 NAME	Director William McGinnis
STREET ADDRESS	1016 W. NINTH AVE.	4.3 STREET ADDRESS	1016 W 9th Ave
CITY-ST-ZIP	KINA OF PRUSSIA PA	4.4 CITY-ST-ZIP	King of Prussia PA 19406
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ John M. Coogan, Jr. 2-20-95 610-992-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002176 CP