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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P31161 (3)

1. Corporation Name  
NOVACARE, INC.

Principal Place of Business  
1016 W. NINTH AVE.  
KING OF PRUSSIA PA 19406  
US

Mailing Address  
1016 W. NINTH AVENUE  
KING OF PRUSSIA PA 19406-1221  
US



3. Date Incorporated or Qualified 10/03/1990  
3a. Date of Last Report 03/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23-2146651

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 DVP ☐ DELETE

NAME FOSTER, TIMOTHY  
STREET ADDRESS 1016 W9TH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA

1.1 TITLE

VICE PRESIDENT ☐ Change ☒ Addition

TITLE VP ☐ DELETE

NAME HEALY, ROBERT  
STREET ADDRESS 1016 W 9TH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA

1.2 NAME

BRAD BEHR

TITLE S ☒ DELETE

NAME COOGAN, JOHN N. JR.  
STREET ADDRESS 1016 W. NINTH AVE.  
CITY-ST-ZIP KING OF PRUSSIA PA

1.3 STREET ADDRESS

1016 WEST NINTH AVENUE

TITLE T ☐ DELETE

NAME SMITH, BARRY  
STREET ADDRESS 1016 W 9TH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA

1.4 CITY-ST-ZIP

KING OF PRUSSIA, PA 19406

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE

SECRETARY ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

PETER BEWLEY

2.3 STREET ADDRESS

SAME AS ABOVE

2.4 CITY-ST-ZIP

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 607, 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 #

1-7-97 610-992-7200

CR2E034 (9/96)