FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 165.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 APR -8 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34754 (2)

1. Corporation Name
L. CANNON ASSOCIATES, INC.

Principal Place of Business
175 DERBY ST #42
1 PARK POND ROAD
HINGHAM MA 02043
US

Mailing Address
C/O NOVA CARE, INC.,
ATTN: SHARRI BURMEISTER, 1016 W. 9TH AVE.
KING OF PRUSSIA PA 19406
US

3. Date Incorporated or Qualified: 07/22/1991
3a. Date of Last Report: 03/26/1996

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

4. FEI Number: 04-3048466 — 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
C T 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 700002136667--2 -04/08/97--01083--024
84 City ****165.00 FL ****165.00

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

TITLE	VPD	☐ DELETE
NAME	FOSTER, TIMOTHY E	
STREET ADDRESS	1016 W. NINTH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	VPT	☐ DELETE
NAME	HEALY, ROBERT E JR.	
STREET ADDRESS	1016 W. 9TH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	ASD	☒ DELETE
NAME	COOGAN, JOHN M JR.	
STREET ADDRESS	1016 W 9TH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
1.2 NAME	BRAD BEHR	
1.3 STREET ADDRESS	1016 WEST NINTH AVENUE	
1.4 CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
2.1 TITLE	SECRETARY	☐ Change ☐ Addition
2.2 NAME	PETER BEWLEY	
2.3 STREET ADDRESS	SAME AS ABOVE	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

B 4-8-97

CR2E034 (9/96)

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: [illegible] 1-13-97 610-992-7200