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Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-3048466	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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			
84	City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VP
NAME	FOSTER, TIMOTHY E	1.2 NAME	Esposito, Amy
STREET ADDRESS	1016 W. NINTH AVE.	1.3 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA	1.4 CITY-ST-ZIP	King of Prussia PA 19406
TITLE	VPT	2.1 TITLE	VP
NAME	HEALY, ROBERT E JR.	2.2 NAME	
STREET ADDRESS	1016 W. 9TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	BEHR, BRAD	3.2 NAME	McDonald, Richard A
STREET ADDRESS	1016 WEST NINTH AVENUE	3.3 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	3.4 CITY-ST-ZIP	King of Prussia PA 19406
TITLE	S	4.1 TITLE	Dixon, Daryl A.
NAME	BEWLEY, PETER	4.2 NAME	
STREET ADDRESS	1016 WEST NINTH AVENUE	4.3 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	4.4 CITY-ST-ZIP	King of Prussia PA 19406
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)