SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000043205 (2)

NOVACARE ADMINISTRATIVE EMPLOYEE SERVICES, INC.

Principal Place of Business	Mailing Address
402 43RD ST W	1016 W. 9TH AVENUE
BRADENTON FL 34209	KING OF PRUSSIA PA 19406

FILED Jul 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0419802 21 Not Applicable 26 İ Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 84 Zip Code 85 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) Signature, typed or printed name of registered agent and little if applicable CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change HULBER, LOREN NAME 1.2 NAME 1016 W. 9TH AVENUE 2621 Van Buren Sve STREET ADDRESS 13 STREET ADDRESS norristown PA19403 KING OF PRUSSIA PA 19406 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BEHR, BRAD NAME 2.2 NAME 1016 W. 9TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS KING OF PRUSSIA PA 19406 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE Change Addition Richard B. Binstein 2621 Van Buren Swe MARTINO, MARIE NAME 3.2 NAME 1016 W. 9TH AVENUE 3.3 STREET ADDRESS STREET ADDRESS KING OF PRUSSIA PA 19406 MORTS-town PA 19403 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE Change Addition DETETE MOORE, ROBERT NAME 4.2 NAME Thomas D. 3 chubert 1016 W. 9TH AVENUE 2621 van Bulen Ave STREET ADDRESS 4.3 STREET ADDRESS KING OF PRUSSIA PA 19406 Morristown PA 19403 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition **BOYD, JAMES E** NAME 5.2 NAME 1016 W. 9TH AVENUE STREET ADDRESS 5.3 STREET ADDRESS KING OF PRUSSIA PA 19406 CITY-ST-ZIP 5.4 CITY-ST-ZiP TITLE 6.1 TITLE DELETE L Change L Addition 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 eport 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 register projects amount of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

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