

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90218 043 ***150.00

DOCUMENT # P93000063694

1. Corporation Name

NOVACARE EMPLOYEE SERVICES OF AMERICA, INC.

Principal Place of Business

402 43RD ST W
BRADENTON FL 34209

Mailing Address

1016 W. 9TH AVENUE
~~ATTN: TAX DEPARTMENT~~
KING OF PRUSSIA PA 19406

Attn: Legal Dept.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1993

4. FEI Number

65-0649506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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 DV ☐ DELETE
NAME SCHUBERT, THOMAS D
STREET ADDRESS 262 VAN BUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE SV ☒ DELETE
NAME LOCILENTO, ARTHUR
STREET ADDRESS 2621 VANBUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE SV ☒ DELETE
NAME MARTINO, MARIE
STREET ADDRESS 2621 VANBUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE V ☐ DELETE
NAME BOYD, JAMES E.
STREET ADDRESS 2621 VANBUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE DP ☐ DELETE
NAME HULBER, LOREN J
STREET ADDRESS 2621 VANBUREN AVE
CITY-ST-ZIP NORRISTOWN PA 19403

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME DVP
2.3 STREET ADDRESS Kerr, Aven
2.4 CITY-ST-ZIP 2621 Van Buren Ave.
Norrictown PA 19403

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Binstern, Richard
3.3 STREET ADDRESS 2621 Van Buren Ave.
3.4 CITY-ST-ZIP Norristown PA 19403

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

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, with all other like empowered.

SIGNATURE:

Richard S. Binstern 1/1/99 609 992-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)