

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

FILED
Jan 30 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 # P94000064845 (8)
1. Corporation Name

NOVACARE EMPLOYEE SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

402 43RD STREET WEST
BRADENTON FL 34209

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

65-0544531

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 | DP | <input type="checkbox"/> DELETE |
| NAME | BOYD, JAMES E | |
| STREET ADDRESS | 1016 W. 9TH AVENUE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | BEHR, BRAD | |
| STREET ADDRESS | 1016 W. 9TH AVENUE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LOCILENTO, ARTHUR | |
| STREET ADDRESS | 1016 W. 9TH AVENUE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MARTINO, MARIE | |
| STREET ADDRESS | 1016 W. 9TH AVENUE | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 2621 Van Buren Avenue | |
| 1.4 CITY-ST-ZIP | Norristown PA 19403 | |
| 2.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Schubert, Thomas D. | |
| 2.3 STREET ADDRESS | 2621 Van Buren Avenue | |
| 2.4 CITY-ST-ZIP | Norristown PA 19403 | |
| 3.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 2621 Van Buren Avenue | |
| 3.4 CITY-ST-ZIP | Norristown PA 19403 | |
| 4.1 TITLE | SV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 2621 Van Buren Avenue | |
| 4.4 CITY-ST-ZIP | Norristown PA 19403 | |
| 5.1 TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Hulbar, Loren J. | |
| 5.3 STREET ADDRESS | 2621 Van Buren Avenue | |
| 5.4 CITY-ST-ZIP | Norristown PA 19403 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)