

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000047112 (4)

1. Corporation Name

NOVACARE REHAB AGENCY OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1016 WEST NINTH AVENUE  
KING OF PRUSSIA PA 19406

1016 WEST NINTH AVENUE  
KING OF PRUSSIA PA 19406

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1995	59-3321130
4. FEI Number	Applied For
First Report	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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

(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	D FOSTER, TIMOTHY E 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HEALY, ROBERT E JR. 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP	D MCGINNIS, WILLIAM J 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)