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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000047112 (4)

NOVACARE REHAB AGENCY OF FLORIDA, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				E 1881/1884 118 1848) BISH BUILL		
•		1016 WEST NINTH AVENUE						
1018 WEST NINTH AVENUE KING OF PRUSSIA PA 19406		KING OF PRUSSIA PA 19406						
						DO NOT WRITE IN THE	S SPACE.	
						3. Date Incorporated or Qualified		
A 5		Too Manager				06/30/1995 4. FEI Number		and the
-	ace of Business	2a. Mailing Address					-	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3320030		Additional
22		27				5. Certificate of Status Desired		Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip Country		Zip Country				8. This corporation owes or has paid the c	urrent year Ir	nlangible
24	25 29		30			Personal Property Tax due June 30.		□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
CT	CORPORATION SYSTEM			61	Name			
	00 SOUTH PINE ISLAND ROAD			B2 Street Addr		ress (P.O. Box Number is Not Acceptable)		
	ANTATION FL 33324		L					
			[83				
				84	City		. 85 Zip	Code
					•	F	▙▕▕▗	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the ab	ove	-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing	its registered
agent. La	egistered agent, or both, in the state on familiar with, and accept the obligation	ons of, Section 607.0505, F	lorida Stati	ıles.	тне согрога:	fion's board of directors. Thereby accept the a	рронинсисы	a registered
SIGNATURE								
	Signature, typed or printed harvo of registriest agent			Ager	it signature requi	red when reinstating) DATE	UD DIDEOTO	DO IN 10
12.	OFFICERS AND	the second secon	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	COOTED THOTAY	☐ DELETE	1.1 111				Unange	(Audition
NAME	FOSTER, TIMOTHY E		1.2 NA					
STREET ADDRESS	1016 WEST NINTH AVENUE				ADDRESS			
CITY-ST-ZIP	KING OF PRUSSIA PA 19408	DELFTE	1.4 CIT		-7IP		Change	Addition
TITLE				2.1 TITLE 2.2 NAME			L. Dittingo	
NAME	1016 WEST NINTH AVENUE				*DDUCES			
STREET ADDRESS	KING OF PRUSSIA PA				ADDRESS			
CITY-ST-ZIP	B B	DELETE	2 4 CF 3.1 Til		1 - 7 P'		Change	Addition
TITLE			3.2 NA					
NAME expect appeces	1016 WEST NINTH AVENUE				ADDRESS			
STREET ADDRESS	KING OF PRUSSIA PA 19406		3.4. CI		1			
CITY-ST-ZIP TITLE	VP	DELETE	4.1 TIT		. tu		Change	Addition
NAME	BEHR, BRAD		4. 2 NA					
STREET ADDRESS	1016 WEST NINTH AVE				ADDRESS			
•	KING OF PRUSSIA PA		4.4 Cil		1			
CITY-ST-ZIP TITLE	8	DELETE	5.1 III		-2"		Change	Addition
NAME	BEWLEY, PETER	<u></u> ·· · ··	5.2 NA				v	
STREET ADDRESS	1016 WEST NINTH AVE				ADDRESS			
CITY-ST-ZIP	KING OF PRUSSIA PA		5.4 CH		!			_
TITLE	THE OF THE OWN THE	DELETE	6.1 1IT		101		Change	Addition
NAME			6.2 NA		ΙΨ,	abonald, Kighaed	v	-
STREET ADDRESS					ADDRESS 10	coonald, Righard		į
			64 CH			ina of Prussia. Pa		
CITY-ST-ZIP	ortify that the information supplied with	this filmo does not qualify	for the exe	mot	ion stated in	Section 119 07(3)(i) Florida Statutes, I further	certify that th	e information

indicated on this annual report or supplied with this many cools not quality for an exemption stated in Section 119.07(3)(j). Florida Statutes. Hurther certify that the information indicated on this annual report or supplience tall award to your 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 bestor 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.