

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

FILED  
Jan 27 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 # P95000072040 (5)  
1. Corporation Name  
NOVACARE EMPLOYEE SERVICES RESOURCE ONE, INC.



Principal Place of Business  
601 SOUTH LAKE DESTINY DRIVE  
SUITE 250  
MAITLAND FL 32751

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

DO NOT WRITE IN THIS SPACE

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		30	

3. Date Incorporated or Qualified  
09/14/1995

4. FEI Number  
65-0657040

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

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	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BYRD, B. C	1.2 NAME	
STREET ADDRESS	1016 W. 9TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BEHR, BRAD	2.2 NAME	VD Schubert, Thomas D.
STREET ADDRESS	1016 W. 9TH AVENUE	2.3 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	2.4 CITY-ST-ZIP	King of Prussia PA 19406
TITLE	VD	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LOCILENTO, ARTHUR	3.2 NAME	
STREET ADDRESS	1016 W. 9TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MARTINO, MARIE	4.2 NAME	SV
STREET ADDRESS	1016 W. 9TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		5.2 NAME	PD Huber, Loren J.
STREET ADDRESS		5.3 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	King of Prussia PA 19406
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)