

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90081 042 \*\*\*150.00

DOCUMENT # P95000072040

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~~ Legal Dept.  
KING OF PRUSSIA PA 19406



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

65-0657040

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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	V	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, B. C	
STREET ADDRESS	1016 W. 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUBERT, THOMAS D	
STREET ADDRESS	1016 W NINTH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOCILENTO, ARTHUR	
STREET ADDRESS	1016 W. 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	MARTINO, MARIE	
STREET ADDRESS	1016 W. 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HULBER, LOREN J	
STREET ADDRESS	1016 W NINTH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2621 Van Buren Ave
2.4 CITY-ST-ZIP	Norristown PA 19403
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPID
3.3 STREET ADDRESS	Kerr, Aven
3.4 CITY-ST-ZIP	2621 Van Buren Ave
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Binstern, Richard
4.3 STREET ADDRESS	2621 Van Buren Ave
4.4 CITY-ST-ZIP	Norristown PA 19403
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2621 Van Buren Ave
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)