FROFIT .. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000072040

1. Corporation Name

NOVACARE EMPLOYEE SERVICES RESOURCE ONE, INC.

uite 250 🥆	CE DESTINY DRIVE	1016 W. 9TH AVENUE	Coppet Do	od.			
SUITE 250		ATTN: TAN-DEPARTMENT CEGCIC DEPT. KING OF PRUSSIA PA 19406			DO NOT WRITE IN THIS	SPACE	r
IAITLAND FL 3	27.51	KING OF PRUSSIA PA 15400		3. Date Incorporate			
				09/14/1995	,0 01 40000		
	(2)	2a. Mailing Address		4. FEI Number		Appl	ied For
z. Principal Pi:	ace of Business	-		65-0657040		Not	Applicable
i		Suite, Apt. #, etc.		00 0001 0 10	_	\$8.75 Ad	
Suite. Apt. i	#、etC	<u> </u>		5. Certificate of Sta	itus Desired 🔝 🗆	Fee Req	
·		27			·		-
City & State	e	City & State		6. Election Campai	- 111	\$5.00 M Added to	•
!		28		Trust Fund Cont			
Zip	Country	Zip	Country	I	owes the current year Inta		∃No
ļ	25	29 3	0	Personal Proper	<u> </u>		
-	9. Name and Address of Curren	t Registered Agent			ress of New Registered A	- Agent	
	CONCERTED OVERTIL		81 Nar	ne	i		
	CORPORATION SYSTEM		82 Stre	et Address (P.O. Box Number	is Not Acceptable)		
	SOUTH PINE ISLAND ROAD						
PLAN	NTATION FL 33324		83				
						11 7: 0:	
			84 City	,	FL.	85 Zip Co	oge
			1 1	and corporation submite this sta	, -	ts re	egistered
-46	to the provisions of Sections 607.050 egistered agent, or both, in the State	or Florida, Such change was auu	nonzea by the c	orporation's board of directors.	I hereby accept the appoin	itment as regi	stered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes.				
IGNATURE							
IGIAA I OINE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE R		ure required when reinstating)	DATE DATE	D DIDECTOR	C IN 17
2.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHA	ANGES TO OFFICERS AN	□ Change	Addition
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