**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

**PROFIT CORPORATION ANNUAL REPORT 1998**

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

**FILED**
**Jul 29 1998 8:00am**
**Secretary of State**

**DOCUMENT # V05061     (9)**
1. Corporation Name

**NOVACARE EMPLOYEE SERVICES EASY STAFF, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 402 43RD ST W<br>BRADENTON FL 34209 | 1016 W 9TH AVE<br>KING OF PRUSSIA PA 19406<br>US |

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified
**01/06/1992**

4. FEI Number **59-3104663** — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | |
|---|---|---|---|
| 21 | 26 | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | | |
| City & State 23 | City & State 28 | | |
| Zip 24 / Country 25 | Zip 29 / Country 30 | | |

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **P**<br>NAME **HULBER, LOREN**<br>STREET ADDRESS **1016 W 9TH AVE**<br>CITY-ST-ZIP **KING OF PRUSSIA PA** | ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS *2621 Van Buren Ave.*<br>1.4 CITY-ST-ZIP *Norristown PA 19403* | ☑ Change ☐ Addition |
| TITLE **V**<br>NAME **BEHR, BRAD**<br>STREET ADDRESS **1016 W 9TH AVE**<br>CITY-ST-ZIP **KING OF PRUSSIA PA** | ☑ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE **S**<br>NAME **MARTINO, MARIE**<br>STREET ADDRESS **1016 W 9TH AVE**<br>CITY-ST-ZIP **KING OF PRUSSIA PA** | ☑ DELETE | 3.1 TITLE *S*<br>3.2 NAME *Richard S. Einstein*<br>3.3 STREET ADDRESS *2621 Van Buren Ave*<br>3.4 CITY-ST-ZIP *Norristown PA 19403* | ☐ Change ☑ Addition |
| TITLE **T**<br>NAME **MOORE, ROBERT**<br>STREET ADDRESS **1016 W 9TH AVE**<br>CITY-ST-ZIP **KING OF PRUSSIA PA** | ☑ DELETE | 4.1 TITLE *T*<br>4.2 NAME *Thomas D. Schubert*<br>4.3 STREET ADDRESS *2621 Van Buren Ave.*<br>4.4 CITY-ST-ZIP *Norristown PA 19403* | ☐ Change ☑ Addition |
| TITLE **DP**<br>NAME **BOYD, JAMES E**<br>STREET ADDRESS **402 43RD ST W**<br>CITY-ST-ZIP **BRADENTON FL** | ☑ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (5/98)

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: _____