

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V40457** (6)
1. Corporation Name
NOVACARE EMPLOYEE SERVICES OF ORLANDO, INC.

Principal Place of Business 801 S LAKE DESTINY DR #250 MAITLAND FL 32751 US	Mailing Address 1016 W. 9TH AVENUE ATTN: TAX DEPARTMENT KING OF PRUSSIA PA 19406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3123402		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
85 Zip Code		FL	

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	V BEHR, BRAD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP Hulber, Loren J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1016 W. 9TH AVENUE	1.2 NAME	1016 W. Ninth Avenue
STREET ADDRESS	KING OF PRUSSIA PA 19406	1.3 STREET ADDRESS	King of Prussia PA 19406
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LOCIENTO, ARTHUR <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	1016 W. 9TH AVENUE	2.2 NAME	
STREET ADDRESS	KING OF PRUSSIA PA 19406	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S MARTINO, MARIE <input type="checkbox"/> DELETE	3.1 TITLE	SU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1016 W. 9TH AVENUE	3.2 NAME	
STREET ADDRESS	KING OF PRUSSIA PA 19406	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DV Schubert, Thomas D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	1016 W. Ninth Avenue
STREET ADDRESS		4.3 STREET ADDRESS	King of Prussia PA 19406
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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.

CR2E034 (10/97)