2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # V40457

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name
HR LOGIC OF ORLANDO, INC

Principal Place of Business / Mailing Address

2. Principal Place of Business	3. Mailing Address
402 43RD ST WEST	2621 VAN BUREN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: NORRISTOWN PA
Zip: 34209 Country:	Zip: 19403 Country: USA

4. FEI Number: 59-3123402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. Required if agent is changing.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete see attached	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT & CEO CRAIG P. COY 2621 VAN BUREN AVE NORRISTOWN PA 19403
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition EXEC. V.P. AVEN A. KERR 2621 VAN BUREN AVE NORRISTOWN PA 19403
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY CHRISTINA D. HARRIS 2621 VAN BUREN AVE NORRISTOWN PA 19403
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition TREASURER EDWIN A. NEUMANN 2621 VAN BUREN AVE NORRISTOWN PA 19403
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003246080--0 -05/10/00--01012--008 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EDWIN A. NEUMANN 4/5/2000 610-650-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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

2002

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40457

1. Corporation Name

NOVACARE EMPLOYEE SERVICES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
S LAKE DESTINY ~~DR~~ #250 ~~ORLANDO~~ FL 32751	1016 W. 9TH AVENUE ATTN: ~~TAX DEPARTMENT~~ Legal Dept. KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualifed: 06/02/1992	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 59-3123402	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 25	Zip / Country 29 / 30	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	

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	P, D ☐ Change ☐ Addition
NAME	HULBER, LOREN J	1.2 NAME	
STREET ADDRESS	1016 W NINTH AVE	1.3 STREET ADDRESS	2621 Van Buren Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	1.4 CITY-ST-ZIP	Norristown PA 19403
TITLE	VD ☐ DELETE	2.1 TITLE	VP, D ☐ Change ☐ Addition
NAME	LOCILENTO, ARTHUR	2.2 NAME	Kerr, Owen
STREET ADDRESS	1016 W. 9TH AVENUE	2.3 STREET ADDRESS	2621 Van Buren Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	2.4 CITY-ST-ZIP	Norristown PA 19403
TITLE	SV ☐ DELETE	3.1 TITLE	S ☐ Change ☐ Addition
NAME	MARTINO, MARIE	3.2 NAME	Binstein, Richard
STREET ADDRESS	1016 W. 9TH AVENUE	3.3 STREET ADDRESS	2621 Van Buren Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	3.4 CITY-ST-ZIP	Norristown PA 19403
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHUBERT, THOMAS D	4.2 NAME	
STREET ADDRESS	1016 NINTH AVE	4.3 STREET ADDRESS	2621 Van Buren Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	4.4 CITY-ST-ZIP	Norristown PA 19403
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: _____ Richard S. Binstein 1/11/99 610/992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (11/98)