

No. C 93459

Annual Report Form 1996

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Please Correct, If Not Correct

NOVACARE, INC.

1016 W NINTH

KING OF PRUSSIA PA 19406

C T CORPORATION SYSTEM
300 N 6TH ST

BOISE ID 83701

3. Organized Under the Laws of:

PA C 93459

NO FEE REQUIRED

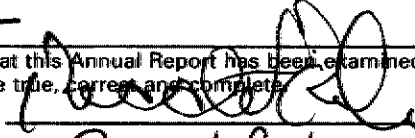
* FIRST NOTICE *

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Daryl Dixon				
V. President	Brad Behr				
Secretary	Peter Bewley				
Treasurer	Barry Smith				
Director	Robert Healy, Jr.				
Director	Barry Smith				

All Officers & Directors Located At Below
1016 West 9th Avenue
King of Prussia, PA 19406

5. NATURE OF BUSINESS
REHAB THERAPY SERVICE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
Signature  Date 7-24-96
Name (Typed or Printed) Brad Behr Title V.P.

ISSUED: 07-06-1996

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