

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000006345

Entity Name: THE GOOD SHEPERD REHABILITATION HOSPITAL INC

Current Principal Place of Business:

850 S FIFTH STREET
ALLENTOWN, PA 18103

Current Mailing Address:

850 S FIFTH STREET
ALLENTOWN, PA 18103 US

FEI Number: 23-1371947

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name SPIGEL, MICHAEL
Address 850 S FIFTH STREET
City-State-Zip: ALLENTOWN PA 18103

Title CHR
Name SCHMIDT, GARY
Address 850 S FIFTH STREET
City-State-Zip: ALLENTOWN PA 18103

Title VC
Name BODNYK, SANDRA
Address 850 S FIFTH STREET
City-State-Zip: ALLENTOWN PA 18103

Title S
Name RICHTER, JOHN C
Address 850 S FIFTH STREET
City-State-Zip: ALLENTOWN PA 18103

Title T
Name HELLER, JAN S
Address 850 S FIFTH STREET
City-State-Zip: ALLENTOWN PA 18103

Title D
Name BESTE, POLLY
Address 850 S FIFTH STREET
City-State-Zip: ALLENTOWN PA 18103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SPIGEL

CEO

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date