

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000100

Entity Name: REHABCLINICS (PTA), INC.**Current Principal Place of Business:**4714 GETTYSBURG ROAD
MECHANICSBURG, PA 17055**Current Mailing Address:**4714 GETTYSBURG ROAD
LEGAL DEPT
MECHANICSBURG, PA 17055**FEI Number:** 65-0366467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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	DIR
Name	ORTENZIO, ROBERT A
Address	4714 GETTYSBURG ROAD
City-State-Zip:	MECHANICSBURG PA 17055

Title	VPS
Name	TARVIN, MICHAEL E
Address	4714 GETTYSBURG ROAD
City-State-Zip:	MECHANICSBURG PA 17055

Title	VPAS
Name	JOHN, DUGGAN F
Address	4714 GETTYSBURG ROAD
City-State-Zip:	MECHANICSBURG PA 17055

Title	P
Name	ORTENZIO, ROBERT A
Address	4714 GETTYSBURG ROAD
City-State-Zip:	MECHANICSBURG PA 17055

Title	VPT
Name	ROMBERGER, SCOTT A
Address	4714 GETTYSBURG ROAD
City-State-Zip:	MECHANICSBURG PA 17055

Title	VPAS
Name	MOORE, KENNETH L
Address	4714 GETTYSBURG ROAD
City-State-Zip:	MECHANICSBURG PA 17055

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN F. DUGGAN

VPAS

04/30/2013

Electronic Signature of Signing Officer/Director Detail_____
Date