

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **579502** (6)
1. Corporation Name
REHABILITATIVE ASSOCIATES, INC.



Principal Place of Business Mailing Address
% TAX DEPT.
P.O. BOX 715
MECHANICSBURG PA 17055-0715

2. Principal Place of Business 2a. Mailing Address
21 6001 Indian School Road 26 6001 Indian School Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Albuquerque, NM 28 Albuquerque, NM
Zip Country Zip Country
24 87110 25 US 29 87110 30 US

3. Date Incorporated or Qualified **07/19/1978** 3a. Date of Last Report **06/28/1995**
4. FEI Number **59-1832092** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. 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 **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PT			<input type="checkbox"/>
	EGAN, JOHN F.	521 S GREENWOOD AVE	CLEARWATER FL	
	VAS			<input checked="" type="checkbox"/>
	WELSH, DEBORAH MYERS	521 S GREENWOOD AVE	CLEARWATER FL	
	VD			<input checked="" type="checkbox"/>
	ORTENZIO, ROBERT A	600 WILSON LANE	MECHANICSBURG PA	
	V			<input checked="" type="checkbox"/>
	LEHMAN, DENNIS L	600 WILSON LN	MECHANICSBURG PA	
	V			<input type="checkbox"/>
	TARVIN, MICHAEL E	600 WILSON LANE	MECHANICSBURG PA	
	V			<input checked="" type="checkbox"/>
	LAVORE, JOSEPH	521 S GREENWOOD AVE	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	President & COO			<input checked="" type="checkbox"/>
	Secretary & V.P.			<input type="checkbox"/>
	Scot Sauder	6001 Indian School Road	Albuquerque, NM 87110	
	Director			<input type="checkbox"/>
	Neal M. Elliott	6001 Indian School Road	Albuquerque, NM 87110	
	Treasurer & V. P.			<input type="checkbox"/>
	Ernest A. Schofield	6001 Indian School Road	Albuquerque, Nm 87110	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Michael E. Tarvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(717) 790-8300

CR2E034 (12/95)