FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR 11 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000098 (5)**

1. Corporation Name
BOCA REHAB AGENCY, INC.

Principal Place of Business	Mailing Address
1018 W NINTH AVE KING OF PRUSSIA PA 19406 US	C/O NOVA CARE, INC 1018 W NINTH AVE KING OF PRUSSIA PA 19406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1992**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: Attn: Tax Dept
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0366469** ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ 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	CD	11 TITLE	President & Director	☒ Change ☐ Addition
NAME	NEW, JAMES C	12 NAME	James C. New	
STREET ADDRESS	2570 BOULEVARD OF THE GENERALS, STE. 120	13 STREET ADDRESS	1018 West 9th Ave	
CITY-ST-ZIP	VALLEY FORGE PA	14 CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	VSTD	21 TITLE		☐ Change ☐ Addition
NAME	VINICK, ALAN N	22 NAME		
STREET ADDRESS	2570 BOULEVARD OF THE GENERALS, STE. 120	23 STREET ADDRESS		
CITY-ST-ZIP	VALLEY FORGE PA	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE	Asst. Secretary	☒ Change ☐ Addition
NAME	OUIMETTE, ROBERT A	32 NAME	John M Coogan, Jr.	
STREET ADDRESS	237 PARK AVENUE, 20TH FLOOR	33 STREET ADDRESS	1018 W 9th Ave	
CITY-ST-ZIP	NEW YORK NY 19482	34 CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	VD	41 TITLE	Vice President & Director	☒ Change ☐ Addition
NAME	FLEMING, CAROLINE H	42 NAME	William McGinnis	
STREET ADDRESS	237 PARK AVENUE, 20TH FLOOR	43 STREET ADDRESS	1018 West 9th Ave	
CITY-ST-ZIP	NEW YORK NY 19482	44 CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	P	51 TITLE	Vice President	☒ Change ☐ Addition
NAME	COX, ROBERT W.	52 NAME	Timothy E. Foster	
STREET ADDRESS	1018 W NINTH AVE	53 STREET ADDRESS	1018 W 9th Ave	
CITY-ST-ZIP	KING OF PRUSSIA PA	54 CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	OESCH, EDWIN	62 NAME		
STREET ADDRESS	1018 W NINTH AVE	63 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA	64 CITY-ST-ZIP		

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)(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.

SIGNATURE: _____ John M. Coogan, Jr. 3-1-95 610-992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000180 CP