

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000098 (5)

1. Corporation Name

BOCA REHAB AGENCY, INC.



Principal Place of Business

Mailing Address

1018 W NINTH AVE
KINA OF PRUSSIA PA 19406
US

C/O NOVA CARE, INC
1016 W NINTH AVE
KINA OF PRUSSIA PA 19406
US

3. Date Incorporated or Qualified
11/04/1992

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 of the individual named as registered agent and the applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	NEW, JAMES	1018 WEST 9TH AVE	KING OF PRUSSIA PA	<input type="checkbox"/>
VSTD	VINICK, ALAN N	2570 BOULEVARD OF THE GENERALS, STE. 120	VALLEY FORGE PA	<input type="checkbox"/>
ASSE	COOGAN, JOHN M	1016 W 9TH AVE	KING OF PRUSSIA PA	<input type="checkbox"/>
VPD	MCGINNIS, WILLIAM	1016 WEST 9TH AVE	KING OF PRUSSIA PA	<input checked="" type="checkbox"/>
VP	FOSTER, TIMOTHY E	1016 W 9TH AVE	KING OF PRUSSIA PA	<input checked="" type="checkbox"/>
VP	OESCH, EDWIN	1018 W NINTH AVE	KINA OF PRUSSIA PA	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President only	James New	Same Address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director & Vice President	Alan Vinick	1016 W 9th Ave.	King of Prussia PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Barry Smith	1016 W 9th Ave	King of Prussia, PA 19406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Brad Behr	1016 W 9th Ave	King of Prussia PA 19406	<input type="checkbox"/>	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)