

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00/65,-

FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F92000000098 (5)

1. Corporation Name  
BOCA REHAB AGENCY, INC.

Principal Place of Business  
1016 W NINTH AVE  
KING OF PRUSSIA PA 19406  
US

Mailing Address  
C/O NOVA CARE, INC  
1016 W NINTH AVE  
KING OF PRUSSIA PA 19406-1221  
US



3. Date Incorporated or Qualified 11/04/1992  
3a. Date of Last Report 03/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Subc. Apt. #, etc.

26 Suite, Apt. #, etc.

65-0366469

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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 607.1506, 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 type: (printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME NEW, JAMES  
STREET ADDRESS 1018 WEST 9TH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition  
1.2 NAME RONALD HISCOCK  
1.3 STREET ADDRESS 1016 WEST NINTH AVENUE  
1.4 CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE DVP ☒ DELETE  
NAME VINICK, ALAN N  
STREET ADDRESS 2570 BOULEVARD OF THE GENERALS, STE. 120  
CITY-ST-ZIP VALLEY FORGE PA

2.1 TITLE SECRETARY ☐ Change ☒ Addition  
2.2 NAME PETER BEWLEY  
2.3 STREET ADDRESS SAME AS ABOVE  
2.4 CITY-ST-ZIP

TITLE ASSE ☒ DELETE  
NAME COOGAN, JOHN M  
STREET ADDRESS 1016 W 9TH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA

3.1 TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition  
3.2 NAME WILLIAM TORZOLINI  
3.3 STREET ADDRESS SAME AS ABOVE  
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME BARRY SMITH  
STREET ADDRESS 1016 W. 9TH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME BRAD BEHR  
STREET ADDRESS 1016 W. 9TH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 610-992-7200

Date

Daytime Phone #

0000210

CR2E034 (9/96)