

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90188 046 ***150.00

DOCUMENT # F92000000098

1. Corporation Name
BOCA REHAB AGENCY, INC.

Principal Place of Business
1018 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
US

Attn: Legal Dept

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1992

4. FEI Number

65-0366469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☒ DELETE
NAME BEWLEY, PETER
STREET ADDRESS 1016 W 9TH AVE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE TD ☒ DELETE
NAME TORZOLINI, WILLIAM
STREET ADDRESS 1016 W 9TH AVE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE VP ☐ DELETE
NAME MCDONALD, RICHARD A
STREET ADDRESS 1016 W. 9TH AVENUE
CITY-ST-ZIP KING OF PRUSSIA PA

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

TITLE PD ☒ DELETE
NAME HISCOCK, RONALD
STREET ADDRESS 1016 W 9TH AVE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE S ☐ DELETE
NAME BINSTEIN, RICHARD
STREET ADDRESS 1016 W 9TH AVE
CITY-ST-ZIP KING OF PRUSSIA PA 19406

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME Stamenoff, Laurel
1.3 STREET ADDRESS 1016 W. Ninth Ave
1.4 CITY-ST-ZIP King of Prussia PA 19406

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME Fitzpatrick, Dennis
2.3 STREET ADDRESS 1016 W. Ninth Ave
2.4 CITY-ST-ZIP King of Prussia PA 19406

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE PD ☐ Change ☒ Addition
5.2 NAME McCane, James
5.3 STREET ADDRESS 1016 W. Ninth Ave.
5.4 CITY-ST-ZIP King of Prussia PA 19406

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)