

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90015 020 ***150.00

DOCUMENT #

1. Entity Name

F920000000098

BOCA REHAB AGENCY, INC.

Principal Place of Business

4716 Old Gettysburg Road
 Mechanicsburg, PA 17055

Mailing Address

P.O. Box 2034
 Mechanicsburg, PA 17055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0366469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM, INC.
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

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**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	ROCCO A. ORTENZIO	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERT A. ORTENZIO	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MICHAEL E. TARVIN	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SCOTT A. ROMBERGER	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	STACI RHODES SHELLEY	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	KENNETH L. MOORE	
STREET ADDRESS	4716 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Staci Rhodes Shelley

STACI RHODES SHELLEY

4/27/00

717/972-1125

CR2E034 (9/99)

792000000098
B0084180

List of Officers (Continued)

VP/AS/

Martin F. Jackson

4716 Old Gettysburg Road

Mechanicsburg, PA 17055

VP

Donald J. Kaercher

4716 Old Gettysburg Road

Mechanicsburg, PA 17055

VP

Patricia A. Rice

4716 Old Gettysburg Road

Mechanicsburg, PA 17055