2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: REHABCLINICS (PTA), INC.

Current Principal Place of Business:

4714 GETTYSBURG ROAD
MECHANICSBURG, PA 17055

New Principal Place of Business:

Current Mailing Address:

4714 GETTYSBURG ROAD
LEGAL DEPT
MECHANICSBURG, PA 17055

New Mailing Address:

FEI Number: 65-0366467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: ORTENZIO, ROCCO A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: P
Name: ORTENZIO, ROBERT A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPS
Name: TARVIN, MICHAEL E
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPT
Name: ROMBERGER, SCOTT A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS
Name: JOHN, DUGGAN F
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS
Name: MOORE, KENNETH L
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN F. DUGGAN VPAS 04/11/2012

Electronic Signature of Signing Officer or Director Date