

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F94000005646 (4)

95 FEB -8 AM 9: 22

1. Corporation Name

CMS REHAB CONCEPTS CORP.

Principal Place of Business

9820 WILLOW CREEK ROAD
SUITE 440
SAN DIEGO CA 92131

Mailing Address

9820 WILLOW CREEK ROAD
SUITE 440
SAN DIEGO CA 92131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

25-1650793

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
ORTENZIO, ROBERT A
600 WILSON LANE, P.O. BOX 715
MECHANICSBURG PA 17055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDT
PEGLER, WILLIAM L
9820 WILLOW CREEK ROAD, SUITE 440
SAN DIEGO CA 92131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SABAKO, EMILY
9820 WILLOW CREEK ROAD, SUITE 440
SAN DIEGO CA 92131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
President & Director ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Vice President, Treasurer & Director ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Secretary & Director ☐ Change ☒ Addition

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

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

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

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 of this filing, or on an attachment with an address.

SIGNATURE:

Emily Sabako
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILY SABAKO

2/2/95

619-537-3916

Date

Telephone Number