

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006156 (3)**

1. Corporation Name

SELECTREHAB, INC.

Principal Place of Business

**600 WILSON LANE
MECHANICSBURG PA 17055**

Mailing Address

**PO BOX 715
MECHANICSBURG PA 17055**



3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **6001 Indian School Road**

26 **6001 Indian School Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Albuquerque, NM**

28 **Albuquerque, NM**

Zip

Country

24 **87110**

25 **US**

Zip

Country

29 **87110**

30 **US**

4. FEI Number

25-1649024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

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 S. 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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **ORTENZIO, ROBERT A**
STREET ADDRESS **600 WILSON LANE**
CITY, ST, ZIP **MECHANICSBURG PA**

TITLE **P** ☐ DELETE

NAME **MARCUS, STEPHEN G**
STREET ADDRESS **600 WILSON LANE**
CITY, ST, ZIP **MECHANICSBURG PA 17055**

TITLE **VT** ☒ DELETE

NAME **LEHMAN, DENNIS L**
STREET ADDRESS **600 WILSON LANE**
CITY, ST, ZIP **MECHANICSBURG PA 17055**

TITLE **VS** ☐ DELETE

NAME **WELSH, DEBORAH M**
STREET ADDRESS **600 WILSON LANE**
CITY, ST, ZIP **MECHANICSBURG PA 17055**

TITLE **V** ☒ DELETE

NAME **NATION, DAVID G**
STREET ADDRESS **600 WILSON LANE**
CITY, ST, ZIP **MECHANICSBURG PA 17055**

TITLE **V** ☐ DELETE

NAME **SCHIAVONNE, DIANE A**
STREET ADDRESS **600 WILSON LANE**
CITY, ST, ZIP **MECHANICSBURG PA 17055**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

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

Treasurer & V.P.

Scott A. Romberger
600 Wilson Lane

Mechanicsburg, PA 17055

Vice President

Douglas L. Brewer
600 Wilson Lane

Mechanicsburg, PA 17055

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 if changed, or on an attachment with an address.

SIGNATURE:

Stephen G. Marcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date **2/27/96** (717) 790-8300
Daytime Phone #

CR2E034 (12/95)