

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000055

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** EAGLE REHAB CORPORATION

**Current Principal Place of Business:**

4714 GETTYSBURG ROAD  
MECHANICSBURG, PA 17055 US

**New Principal Place of Business:**

**Current Mailing Address:**

4714 GETTYSBURG ROAD  
LEGAL  
MECHANICSBURG, PA 17055 US

**New Mailing Address:**

**FEI Number:** 85-0436768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: PRES  
Name: ORTENZIO, ROBERT A  
Address: 4714 GETTYSBURG ROAD  
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP  
Name: RICE, PATRICIA 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

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: MICHAEL E TARVIN

VPS

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date