

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90009 005 ***550.00

DOCUMENT # **F98000000592**

1. Corporation Name

REHAB ADVANTAGE, INC.

Principal Place of Business

**4718 OLD GETTYSBURG RD.
MECHANICSBURG PA 17055**

Mailing Address

**PO BOX 2034
MECHANICSBURG PA 17055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number **23-2947351**

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	ORTENZIO, ROBERT A	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TARVIN, MICHAEL E	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	ROMBERGER, SCOTT A	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MOORE, KENNETH L	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	FRITSCH, S F	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EGAN, JOHN F	
STREET ADDRESS	300 S. DUNCAN AVE., #300	
CITY-ST-ZIP	CLEARWATER FL 34615	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott A. Romberger 9/17/99 Vice President 717-972-