

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90008 004 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000593

1. Corporation Name

REHAB ADVANTAGE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1718 OLD GETTYSBURG RD. MECHANICSBURG PA 17055	PO BOX 2034 MECHANICSBURG PA 17055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		2b		02/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		23-2935684	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4		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
85	Zip Code

FL

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTENZIO, ROBERT A	1.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVIN, MICHAEL E	2.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	2.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMBERGER, SCOTT A	3.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, KENNETH L	4.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITSCH, S F	5.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JOHN F	6.2 NAME	
STREET ADDRESS	300 S. DUNCAN AVE., #300	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	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:

John F. Egan 6/17/99 717-9721100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)