

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000000593**1. Entity Name
REHAB ADVANTAGE MANAGEMENT, INC.Principal Place of Business
4716 OLD GETTYSBURG RD.
MECHANICSBURG PA 17055
Mailing Address
PO BOX 2034
MECHANICSBURG PA 17055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2935684

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VAS	<input type="checkbox"/> Delete
NAME	SHELLEY STACI R	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MOORE KENNETH L	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROMBERGER SCOTT A	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TARVIN MICHAEL E	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	PC	<input type="checkbox"/> Delete
NAME	ORTENZIO ROBERT A	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael E. Tarvin

VS

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)