

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 # G61300 (1)

1. Corporation Name

**PINELLAS-RODRIGUEZ REHABILITATIVE ASSOCIATES LIM
ITED, INC.**



Principal Place of Business

Mailing Address

% TAX DEPT.
P.O. BOX 715
MECHANICSBURG PA 17055-0715

% TAX DEPT.
P.O. BOX 715
MECHANICSBURG PA 17055-0715

3. Date Incorporated or Qualified

09/27/1983

3a. Date of Last Report

06/16/1995

4. FEI Number

59-2334011

Applied For

Not Applicable

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

27

City & State

City & State

23 Albuquerque, NM

28 Albuquerque, NM

Zip

Country

US

Zip

Country

US

24 87110

25

29 87110

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 **P** ☐ DELETE

NAME **EGAN, JOHN F.**
STREET ADDRESS **503 S GREENWOOD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **AS** ☒ DELETE

NAME **WELSH, DEBORAH MYERS**
STREET ADDRESS **600 WILSON LANE**
CITY-ST-ZIP **MECHANICSBURG PA**

TITLE **DV** ☒ DELETE

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

TITLE **V** ☒ DELETE

NAME **LEHMAN, DENNIS L.**
STREET ADDRESS **600 WILSON LANE**
CITY-ST-ZIP **MECHANICSBURG FL**

TITLE **VAS** ☐ DELETE

NAME **TARVIN, MICHAEL**
STREET ADDRESS **600 WILSON LANE**
CITY-ST-ZIP **MECHANICSBURG PA**

TITLE **V** ☒ DELETE

NAME **LAVORE, JOSEPH**
STREET ADDRESS **503 S GREENWOOD**
CITY-ST-ZIP **CLEARWATER FL**

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

V.P. & Secretary ☐ Change ☒ Addition

Scot Sauder
6001 Indian School Road

Albuquerque, NM 87110

Director ☐ Change ☒ Addition

Neal M. Elliott
6001 Indian School Road
Albuquerque, NM 87110

V.P. & Treasurer ☐ Change ☒ Addition

Ernest A. Schofield
6001 Indian School Road
Albuquerque, Nm 87110

Vice President ☒ Change ☐ Addition

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: *Richard E. Tamm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(717) 790-8300

Date

Daytime Phone #

CR2E034 (12/95)