

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80699

FILED
Apr 06, 2009
Secretary of State

Entity Name: DADE PHYSICAL THERAPY REHAB, INC.

Current Principal Place of Business:

7800 SW 87TH AVENUE, SUITE B205
MIAMI, FL 33173 US

New Principal Place of Business:

4714 GETTYSBURG ROAD
MECHANICSBURG, PA 17055 US

Current Mailing Address:

4714 GETTYSBURG ROAD
LEGAL DEPARTMENT
MECHANICSBURG, PA 17055 US

New Mailing Address:

4714 GETTYSBURG ROAD
LEGAL
MECHANICSBURG, PA 17055 US

FEI Number: 59-2394368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: ORTENZIO, ROCCO A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPS () Delete
Name: TARVIN, MICHAEL E
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: CP () Delete
Name: ORTENZIO, ROBERT A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VPAS () Delete
Name: RICE, PATRICIA A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: VP () Delete
Name: DUGGAN, JOHN F
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RICE, PATRICIA A
Address: 4714 GETTYSBURG ROAD
City-St-Zip: MECHANICSBURG, PA 17055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E TARVIN

VPS

04/06/2009

Electronic Signature of Signing Officer or Director

Date