

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65816 (7)

1. Corporation Name

REHABWORKS, 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

04/07/1987

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 6001 Indian School Road
Suite, Apt. #, etc.

26 6001 Indian School Road
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Albuquerque, NM

28 Albuquerque, NM

24 Zip 87110 Country US

29 Zip 87110 Country US

4. FEI Number

59-2844714

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 officer 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 PT ☐ DELETE

NAME EGAN, JOHN F
STREET ADDRESS 521 S. GREENWOOD AVENUE
CITY-STATE-ZIP CLEARWATER FL

11 TITLE President & COO ☒ Change ☐ Addition

TITLE DV ☒ DELETE

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

21 TITLE Director ☒ Change ☐ Addition

TITLE AS ☒ DELETE

NAME WELSH, DEBORAH M
STREET ADDRESS 600 WILSON LANE
CITY-STATE-ZIP MECHANICSBURG PA 17055

22 NAME Neal M. Elliott

23 STREET ADDRESS 6001 Indian School Road

24 CITY-STATE-ZIP Albuquerque, NM 87110

31 TITLE Secretary ☐ Change ☒ Addition

TITLE V ☐ DELETE

NAME TARVIN, MICHAEL E
STREET ADDRESS 600 WILSON LN
CITY-STATE-ZIP MECHANICSBURG PA

32 NAME Scot Sauder

33 STREET ADDRESS 6001 Indian School Road

34 CITY-STATE-ZIP Albuquerque, NM 87110

TITLE V ☒ DELETE

NAME HOLLINGER, BRAD E
STREET ADDRESS 600 WILSON LN
CITY-STATE-ZIP MECHANICSBURG PA

41 TITLE ☐ Change ☐ Addition

TITLE V ☒ DELETE

NAME LAVORE, JOSEPH
STREET ADDRESS 521 S GREENWOOD AVE
CITY-STATE-ZIP CLEARWATER FL

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE Treasurer & V. P. ☐ Change ☒ Addition

52 NAME Ernest A. Schofield

53 STREET ADDRESS 6001 Indian School Road

54 CITY-STATE-ZIP Albuquerque, NM 87110

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:

Michael E. Tarvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

(717) 790-8300

Daytime Phone #

CR2E034 (12/95)