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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J97912 (6)

1. Corporation Name  
BUENDEL PHYSICAL THERAPY, INC.

Principal Place of Business

C/O NOVA CARE INC.  
1016 W 9TH AVE  
KING OF PRUSSIA PA 19406  
US

Mailing Address

C/O NOVA CARE INC.  
1016 W 9TH AVE  
KING OF PRUSSIA PA 19406-1221  
US



3. Date Incorporated or Qualified 10/19/1987  
3a. Date of Last Report 03/12/1996

4. FEI Number 65-0008000  
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM, INC.  
1200 SOUTH PINE ISLAND RD.  
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 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	JOHN HOGAN	
STREET ADDRESS	1016 W. 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	P	DELETE
NAME	NEW, JAMES	
STREET ADDRESS	1016 WEST 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA A	
TITLE	D	DELETE
NAME	VINICK, ALAN	
STREET ADDRESS	1016 WEST 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	ASEC	DELETE
NAME	COOGAN, JOHN M	
STREET ADDRESS	1016 WEST 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	VP	DELETE
NAME	BRAD P. BEHR	
STREET ADDRESS	1016 W. 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RONALD HISCOCK	
13 STREET ADDRESS	1016 WEST NINTH AVENUE	
14 CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	WILLIAM TORZOLINI	
23 STREET ADDRESS	SAME AS ABOVE	
24 CITY-ST-ZIP		
31 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	PETER BEWLEY	
33 STREET ADDRESS	SAME AS ABOVE	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 duly authorized 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-797 610-992-7200  
Date Daytime Phone \*

CR2E034 (9/96)