

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/19/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0008000	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For  
Not Applicable  
\$8.75 Additional  
Fee Required  
\$5.00 May Be  
Added to Fees  
Yes No

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
85	Zip Code

FL

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	PD	1.1 TITLE	Sec
NAME	JOHN HOGAN	1.2 NAME	Binsten, Richard
STREET ADDRESS	1016 W. 9TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	VP
NAME	TORZOLINI, WILLIAM	2.2 NAME	McDonald, Richard A.
STREET ADDRESS	1016 WEST 9TH AVE.	2.3 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA	2.4 CITY-ST-ZIP	King of Prussia, PA
TITLE	S	3.1 TITLE	Assec
NAME	BEWLEY, PETER	3.2 NAME	
STREET ADDRESS	1016 W. 9TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	VPD
NAME	BRAD P. BEHR	4.2 NAME	Harsh, Nicholas J.
STREET ADDRESS	1016 W. 9TH AVENUE	4.3 STREET ADDRESS	1016 W. Ninth Avenue
CITY-ST-ZIP	KING OF PRUSSIA PA	4.4 CITY-ST-ZIP	King of Prussia PA
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

300002426323  
-02/10/98--01024--005  
\*\*\*150.00

14. 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 annual report or supplementary 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

CR2E034 (10/97)