

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97912

1. Entity Name

BUENDEL PHYSICAL THERAPY, INC.

FILED

00 MAR 23 PM 12:40

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.
ATTN: LEGAL DEPT. 1016 W 9TH AVE
KING OF PRUSSIA PA 19406
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4716 Old Gettysburg Rd.

3. Mailing Address

4716 Old Gettysburg Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mechanicsburg, PA

City & State

Mechanicsburg, PA

Zip

17055

Country

USA

Zip

17055

Country

USA

4. FEI Number

65-0008000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM, INC.
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200003204438--6

04/11/00-01125-009

***150.00 ***150.00

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SVF	<input checked="" type="checkbox"/> Delete
NAME	BINSTEIN, RICHARD	
STREET ADDRESS	1016 W. 9TH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	TVPD	<input checked="" type="checkbox"/> Delete
NAME	FITZPATRICK, DENNIS	
STREET ADDRESS	1016 WEST 9TH. AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCLANE, JAMES W	
STREET ADDRESS	1016 W. 9TH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BEHR, BRAD P	
STREET ADDRESS	1016 W. 9TH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STOIMENOFF, LAUREL	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, RICHARD A	
STREET ADDRESS	1016 W. NINTH AVENUE	
CITY-ST-ZIP	KING OF PRUSSIA PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rocco A. Ortenzio	
STREET ADDRESS	4716 Old Gettysburg Road	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Ortenzio	
STREET ADDRESS	4716 Old Gettysburg Rd	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	VTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael E. Tarvin	
STREET ADDRESS	4716 Old Gettysburg Road	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	VITIAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott A. Romberger	
STREET ADDRESS	4716 Old Gettysburg Road	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	VIAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin F. Jackson	
STREET ADDRESS	4716 Old Gettysburg Road	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	VIAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth L. Moore	
STREET ADDRESS	4716 Old Gettysburg Road	
CITY-ST-ZIP	Mechanicsburg, PA 17055	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Tarvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

717/972-1132

Daytime Phone #

CR2E034 (9/99)

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Changes to Officers (Continued)

VP/AS
Staci Rhodes Shelley
4716 Old Gettysburg Road
Mechanicsburg, PA 17055

VP
Patricia A. Rice
4716 Old Gettysburg Road
Mechanicsburg, PA 17055

VP
Donald Kaercher
4716 Old Gettysburg Road
Mechanicsburg, PA 17055
