2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97912

FILED
01 JUN 11 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Buendel Physical Therapy, Inc.

Principal Place of Business	Mailing Address
4716 Old Gettysburg Rd. Mechanicsburg, PA 17055	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Legal Dept.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Rd. Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 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 Connie Bryan Special Asst. Secy. 6-11-01
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/Director Rocco A. Ortenzio 4716 Old Gettysburg Rd Mechanicsburg PA 17055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004430439--3 -06/19/01--01092--011 ****558.75 ****558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert A. Ortenzio 4716 Old Gettysburg Rd. Mechanicsburg PA 17055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP & Secretary Michael E. Tarvin 4716 Old Gettysburg Rd Mechanicsburg PA 17055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, Treasurer, Asst. Sec. Scott A. Romberger 4716 Old Gettysburg Rd Mechanicsburg PA 17055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, Asst. Secretary Staci Rhodes Shelley 4716 Old Gettysburg Rd Mechanicsburg PA 17055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP & Asst. Secretary Kenneth L. Moore 4716 Old Gettysburg Rd Mechanicsburg PA 17055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Staci Rhodes Shelley 6-8-01 7179721125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Staci Rhodes Shelley, VP Asst Secy