FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 11 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K31533 (8)

1. Corporation Name
REHAB CONCEPTS, INC.

Principal Place of Business	Mailing Address
1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406	C/O NOVA CARE INC. ATTN SHARRI BURMEISTER KING OF PRUSSIA PA 19406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1988
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2909462 — Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☒ Change ☐ Addition
NAME	LEVIT, JEFFREY S	12 NAME	President
STREET ADDRESS	1016 NINTH AVENUE	13 STREET ADDRESS	Daryl Dixon PA 19404
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	14 CITY-ST-ZIP	1016 West 9th Avenue, King of Prussi
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	HISCOCK, RONALD G	22 NAME	Director & Vice President
STREET ADDRESS	700 AMERICAN AVENUE	23 STREET ADDRESS	Timothy E. Foster
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	24 CITY-ST-ZIP	1016 West 9th Avenue, King of Prussia, PA 19406
TITLE	VPT	31 TITLE	☒ Change ☐ Addition
NAME	DIGIOVANNI, CARMEN	32 NAME	Director - Vice President
STREET ADDRESS	700 AMERICAN AVENUE	33 STREET ADDRESS	William McGinnis
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	34 CITY-ST-ZIP	1016 West 9th Avenue, King of Prussia, PA 19406
TITLE	VPS	41 TITLE	☒ Change ☐ Addition
NAME	KAMINS, HOWARD	42 NAME	Secretary
STREET ADDRESS	1016 NINTH AVENUE	43 STREET ADDRESS	John M. Coogan, Jr.
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	44 CITY-ST-ZIP	1016 W. 9th A enue King of Prussia, PA 19406
TITLE	ASD	51 TITLE	☒ Change ☐ Addition
NAME	COOGAN, JOHN M JR.	52 NAME	Treasurer
STREET ADDRESS	1016 NINTH AVENUE	53 STREET ADDRESS	Robert E. Healy, Jr.
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	54 CITY-ST-ZIP	1016 West 9th Avenue, King of Prussia, PA 19406
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	BELYEA, ALAN	62 NAME	Remove
STREET ADDRESS	1016 NINTH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	64 CITY-ST-ZIP	

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)(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 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: _____ 3-27-95 610-992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0474100 FP