

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 3:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K33775

(3)

1. Corporation Name

STAR PHYSICAL THERAPY, INC.

Principal Place of Business

**2670 FOREST HILL BLVD.
W. PALM BCH FL 33408**

Mailing Address

**C/O NOVA CARE INC.
1018 W 9TH AVE.
KING OF PRUSSIA PA 19406**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/15/1988

3a. Date of Last Report

05/13/1994

4. FEI Number

65-0076000

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

ATTN: TAX DEPT

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CD
NEW, JAMES C
1018 W 9TH AVE.
KING OF PRUSSIA PA 19406**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**President-Director
James New
1016 West 9th Avenue
King of Prussia**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CSTD
VINICK, ALANS N
1018 W 9TH AVE.
KING OF PRUSSIA PA 19406**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

King of Prussia

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Director - V.P.
William McGinnis
1016 W 9th Avenue, King of Prussia**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

**Director - V.P.
William McGinnis
PA 19406
1016 W 9th Avenue, King of Prussia**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Assistant Secretary
John M. Coogna, Jr.**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Address same as above

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Address same as above

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Address same as above

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Address same as above

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Address same as above

☐ Change ☐ Addition

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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 610-992-700