

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K33775** (3)

1. Corporation Name

STAR PHYSICAL THERAPY, INC.

Principal Place of Business

**2670 FOREST HILL BLVD.
W. PALM BCH FL 33406**

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current 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

3. Date Incorporated or Qualified

09/15/1988

3a. Date of Last Report

04/11/1995

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

10. Name and Address of New Registered Agent

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 filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
NEW, JAMES**
STREET ADDRESS **1016 WEST 9TH AVENUE**
CITY-STATE-ZIP **KING OF PRUSSIA PA**

TITLE ☐ DELETE

NAME **CSTD
VINICK, ALANS N**
STREET ADDRESS **1018 W 9TH AVE.**
CITY-STATE-ZIP **KING OF PRUSSIA PA 19406**

TITLE ☒ DELETE

NAME **VP
MCGINNIS, WILLIAM**
STREET ADDRESS **1016 W 9TH AVENUE**
CITY-STATE-ZIP **KING OF PRUSSIA PA**

TITLE ☐ DELETE

NAME **ASSE
COOGAN, JOHN M**
STREET ADDRESS **1016 W 9TH AVENUE**
CITY-STATE-ZIP **KING OF PRUSSIA PA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **President only**

1.3 STREET ADDRESS **James NEW**

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Vice President & Director**

2.3 STREET ADDRESS **Alan Vinick**

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Vice President**

3.3 STREET ADDRESS **Brad Behr**

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Secretary**

4.3 STREET ADDRESS **John Hogan**

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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

DATE

Daytime Phone

CR2E034 (12/95)

2-16-96 616-992-7200