

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 165-

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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 19406-1225



3. Date Incorporated or Qualified 09/15/1988
3a. Date of Last Report 03/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0076000		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEW, JAMES	1.2 NAME	RONALD HISCOCK
STREET ADDRESS	1016 WEST 9TH AVENUE	1.3 STREET ADDRESS	1016 WEST NINTH AVENUE
CITY-ST-ZIP	KING OF PRUSSIA PA	1.4 CITY-ST-ZIP	KING OF PRUSSIA, PA 19406
TITLE	VPD	2.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINICK, ALAN	2.2 NAME	WILLIAM TORZOLINI
STREET ADDRESS	1018 W 9TH AVE.	2.3 STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	KING OF PRUSSIA PA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEHR, BRAD	3.2 NAME	PETER BEWLEY
STREET ADDRESS	1016 W 9TH AVENUE	3.3 STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	KING OF PRUSSIA PA	3.4 CITY-ST-ZIP	
TITLE	ASSE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOGAN, JOHN M	4.2 NAME	
STREET ADDRESS	1016W 9TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, JOHN	5.2 NAME	
STREET ADDRESS	1018 W 9TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 contained in 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: *Ronald Hiscock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 610-992-7200
Date Daytime Phone #

CR2E034 (9/96)