

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90015 019 \*\*\*150.00

**80084181**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** **1K33775**

**1. Entity Name**  
 STAR PHYSICAL THERAPY, INC.

<b>Principal Place of Business</b> 4716 Old Gettysburg Road Mechanicsburg, PA 17055	<b>Mailing Address</b> P.O. Box 2034 Mechanicsburg, PA 17055
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0076000	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM, INC.  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CD ROCCO A. ORTENZIO 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT A. ORTENZIO 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPS MICHAEL E. TARVIN 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPT SCOTT A. ROMBERGER 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPAS STACI RHODES SHELLEY 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPAS KENNETH L. MOORE 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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* **STACI RHODES SHELLEY** **4/27/00** **717/972-1125**

CR2E034 (9/99)

K33775  
00084181

List of Officers (Continued)

VP/AS/

Martin F. Jackson  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055

VP

Donald J. Kaercher  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055

VP

Patricia A. Rice  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055