

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 JUL -7 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M48794 (5)

1. Corporation Name

CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O TAX DEPT
P. O. BOX 715
MECHANICSBURG PA 17055

C/O TAX DEPT
P. O. BOX 715
MECHANICSBURG PA 17055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/20/1987

3a. Date of Last Report
04/20/1994

4. FEI Number
58-1764895

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 S. PINE ISLAND ROAD
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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ORTENZO, ROBERT A.
STREET ADDRESS 600 WILSON LANE
CITY - ST - ZIP MECHANICSBURG PA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VSD
NAME WELSH, DEBORAH
STREET ADDRESS 600 WILSON LANE
CITY - ST - ZIP MECHANICSBURG PA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

000001534890
-07/11/95--01087--015
****233.75 ****233.75
☐ Change ☐ Addition

TITLE VD
NAME MSITANO, ANTHONY
STREET ADDRESS 600 WILSON LANE
CITY - ST - ZIP MECHANICSBURG PA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE V
NAME TARVIN, MICHAEL E.
STREET ADDRESS 600 WILSON LANE
CITY - ST - ZIP MECHANICSBURG PA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VT
NAME LEHMAN, DENNIS L.
STREET ADDRESS 600 WILSON LANE
CITY - ST - ZIP MECHANICSBURG PA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE V
NAME NATION, DAVID G.
STREET ADDRESS 600 WILSON LANE
CITY - ST - ZIP MECHANICSBURG PA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ 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: *Robert Morham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/95
Date

717-790-6300
Daytime Phone #

CR2E034 (3/95)