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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 13 1997 8:00am Secretary of State

1997

DOCUMENT # M48794

(5)

CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, INC.

Principal Plac	e of Business	Mailing Address			I JABIREAN III BIRAN KANI KASAN IJAK		410H 014H 160H		
6001 INDIAN S ALBUQ. NM 87 US			6001 INDIAN SCHOOL RD ALBUQ. NM 87110-4139 US						
					3. Date Incorporated or Qualifie	d 3a. Date of La	ast Report		
					03/20/1987	03/15/199	36		
r=	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21	H -11.	26			58-1764895		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 3 4	75 Additional se Required		
City & Stat	0	City & State			6. Election Campaign Financing				
23		28			Trust Fund Contribution		.00 May Be ded to Fees		
Zip	Country	Zip	Coul	ntry	8. This corporation has liability				
24	25	29	30		Florida Statutes	Yes No	,		
<u></u>	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered Agent			
CT (CORPORATION SYSTEM			81 Nam	е				
1200	S. PINE ISLAND ROAD		}	82 Stree	et Address (P.O. Box Number is Not Accer	table)			
PLAI	NTATION FL 33324		}	83					
			ļ				······································		
				84 City		FL T	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.									
SIGNATURI Signature: Specific optimized name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	**************************************	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OF		TORS IN 12		
THTLE	D	X DELETE	1.1 T(T	LE		☐ Char			
NAME	ORTENZIO, ROBERT A.	, ,	1.2 NA	ME					
\$TREET ADDRESS	600 WILSON LANE		1.3 ST	EET ADORESS	S/ A MAN	_			
CHY+S1+ZiP	MECHANICSBURG PA		1.4 CH	Y-ST-ZIP	SEE ATTACKE	4)			
THEF	VSD	DELETE	2.1 TIT	LE		☐ Char	nge 🔲 Addition		
NAMÉ	WELSH, DEBORAH	•	2.2 NA	ME					
STREET ADDRESS	600 WILSON LANE		2.3 STI	EET ADORESS	ş				
CITY - ST - ZIP	MECHANICSBURG PA		2 4 CI	TY-ST-ZIP					
TOLE	D	☐ DELETE	31 717	LE		Char	nge 🔲 Addition		
NAME	MISITANO, ANTHONY		32 NA	ME			ļ		
STREET ACORESS	600 WILSON LANE		3 3 ST	EET ADDRESS	6		ļ		
CITY - ST - 7IP	MECHANICSBURG PA	V	3 4. CI	Y-ST-ZIP					
THLE	VPAS	DELETE	41 TIT	LE	1	Char	nge 🔲 Addition		
NAME	TARVIN, MICHAEL E.		4. 2 NA	ME					
STREET ADDRESS	600 WILSON LANE		4.3 STF	ieet address	s		}		
CITY+S1+ZiP	MECHANICSBURG PA			Y-ST-ZIP					
T₁TL {	VPT	A) DELETE	5.1 TIT	LE	Ì	☐ Char	nge 🔲 Addition		
NAME	ROMBERGER, SCOTT	. 4	5.2 NA	ME					
STREET ADDRESS	600 WILSON LANE		5.3 STF	reet address	6				
CITY-ST ZIP	MECHANICSBURG PA			Y-ST-ZIP					
THEE	P	DELETE	6.1 T)T			☐ Char	nge [] Addition		
NAME	STINSON, ED		6.2 NA	ME					
STREET ADDRESS	600 WILSON		6.3 STF	BEET ADDRESS	6				
CITY-ST-ZIP	MECHANICSBURG PA			Y-ST-ZIP					
14. I do hereb informatio	by certify that the information supplied indicated on this annual report of	ed with this filing does not quit supplemental appual report is	alify for the a	exemption	stated in Section 119.07(3)(i), Florida Stat	utes. I further certify	that the		

I. 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 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; the lam 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 of chapted, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPE) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/57

Daytime Phone #

Continental Medical Systems of Florida, Inc. List of Officers and Directors

Name	Title	Street Address
Anthony F. Misitano	Director	600 Wilson Lane Mechanicsburg, PA 17055
Edward Stinson	President	600 Wilson Lane Mechanicsburg, PA 17055
Neal M. Elliott	Vice-President, Director	6001 Indian School Rd NE Albuquerque, NM 87110
Charles H. Gonzales	Sr. Vice-President	6001 Indian School Rd NE Albuquerque, NM 87110
Ernest A. Schofield	Sr. Vice-President, CFO	6001 Indian School Rd NE Albuquerque, NM 87110
Scot Sauder	Vice-President, Secretary	6001 Indian School Rd NE Albuquerque, NM 87110
Doug Warrick	Vice-President-Taxation	6001 Indian School Rd NE Albuquerque, NM 87110
Sean Dailey	Vice-President-Finance	6001 Indian School Rd NE Albuquerque, NM 87110
Jacqueline Gordon	Asst. Secretary	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officers and Directors terms expire on September 30, 1997