FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M98759** **(7)**

1. Corporation Name

ORTHO REHAB ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O NOVA CARE INC. 1016 W 9TH AVE. KINA OF PRUSSIA PA 19406 0	C/O NOVA CARE INC. 1016 W 9TH AVE. KINA OF PRUSSIA PA 19406 0

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/15/1988**
3a. Date of Last Report: **05/13/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26: ATT'N: TAX DEPT
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **65-0075347** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Director, V.P. ☑ Change ☐ Addition
NAME	PANICO, ROBERT	12 NAME	William McGinnis
STREET ADDRESS	3540 FOREST HILL 103	13 STREET ADDRESS	1016 W. 9th Ave
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP	King of Prussia PA 19406
TITLE	V	21 TITLE	Director President ☑ Change ☐ Addition
NAME	BUENDEL, WILLIAM	22 NAME	James New
STREET ADDRESS	2670 FOREST HILL BLVD.	23 STREET ADDRESS	Same as above - Address
CITY-ST-ZIP	WEST PALM BEACH FL 33406-5931	24 CITY-ST-ZIP	
TITLE	VSTD	31 TITLE	Director, V.P. Secretary ☑ Change ☐ Addition
NAME	VINICK, ALAN	32 NAME	Treasurer
STREET ADDRESS	1018 W 9TH AVE.	33 STREET ADDRESS	Alan Vinick
CITY-ST-ZIP	KINA OF PRUSSIA PA 19406	34 CITY-ST-ZIP	Address Same as above
TITLE	V	41 TITLE	Asst. Secretary ☑ Change ☐ Addition
NAME	COX, ROBERT W	42 NAME	John M. Coogan, Dr.
STREET ADDRESS	1018 W 9TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	KINA OF PRUSSIA PA 19406	44 CITY-ST-ZIP	Address - Same as above
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	NEW, JAMES C	52 NAME	
STREET ADDRESS	1018 W 9TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	KINA OF PRUSSIA PA 19406	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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; 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 addition.

SIGNATURE: _____ 3/27/95 610-992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0008178 CP