

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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.
KING OF PRUSSIA PA 19406
0

C/O NOVA CARE INC.
1016 W 9TH AVE.
KING OF PRUSSIA PA 19406
0

3. Date Incorporated or Qualified
09/15/1988

3a. Date of Last Report
04/11/1995

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

4. FEI Number

65-0075347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP
NAME MCGINNIS, WILLIAM
STREET ADDRESS 1016 W 9TH AVE
CITY-STATE-ZIP KING OF PRUSSIA PA
☒ DELETE

TITLE DP
NAME NEW, JAMES
STREET ADDRESS 1016 W 9TH AVENUE
CITY-STATE-ZIP KING OF PRUSSIA PA
☐ DELETE

TITLE DRVP
NAME VINICK, ALAN
STREET ADDRESS 1016 W 9TH AVENUE
CITY-STATE-ZIP KING OF PRUSSIA PA
☐ DELETE

TITLE ASSE
NAME COOGAN, JOHN M
STREET ADDRESS 1016 W 9TH AVE
CITY-STATE-ZIP KING OF PRUSSIA PA
☐ DELETE

TITLE CD
NAME NEW, JAMES C
STREET ADDRESS 1018 W 9TH AVE.
CITY-STATE-ZIP KING OF PRUSSIA PA 19406
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

President only
James New
Same address
Director & Vice President only
Alan Vinick - Same address

Secretary
John Hogan
1016 W 9th Ave
King of Prussia PA 19406
Vice President
Brad Behr
1016 W 9th Ave
King of Prussia, PA 19406

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)(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: *Brad Behr* 2-16-96 610-992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)