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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M98759

(7)

1. Corporation Name
ORTHO REHAB ASSOCIATES, INC.

Principal Place of Business

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

Mailing Address

C/O NOVA CARE INC.
1016 W 9TH AVE.
KING OF PRUSSIA PA 19406-1221
0



3. Date Incorporated or Qualified
09/15/1988

3a. Date of Last Report
03/12/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME BEHR, BRAD
STREET ADDRESS 1016 W 9TH AVENUE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE P ☒ DELETE

NAME NEW, JAMES
STREET ADDRESS 1016 W 9TH AVENUE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE DVP ☒ DELETE

NAME VINICK, ALAN
STREET ADDRESS 1016 W 9TH AVENUE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE ASSE ☒ DELETE

NAME COOGAN, JOHN M
STREET ADDRESS 1016 W 9TH AVE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE S ☒ DELETE

NAME HOGAN, JOHN
STREET ADDRESS 1016 W 9TH AVENUE
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition

1.2 NAME RONALD HISCOCK
1.3 STREET ADDRESS 1016 WEST NINTH AVENUE
1.4 CITY-ST-ZIP KING OF PRUSSIA, PA, 19406

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME PETER BEWLEY
2.3 STREET ADDRESS SAME AS ABOVE
2.4 CITY-ST-ZIP

3.1 TITLE TREASURER/Director ☐ Change ☒ Addition

3.2 NAME WILLIAM TORZOLINI
3.3 STREET ADDRESS SAME AS ABOVE
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-97 610-992-7200

CR2E034 (9/96)