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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # M98759

1. Corporation Name ORTHO REHAB ASSOCIATES, INC.

Principal Place of Business C/O NOVA CARE INC. 1016 W 9TH AVE.

Mailing Address

C/O NOVA CARE INC. 1016 W 9TH AVE.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90188 045 ***150.00



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o Affn- (eace			1)00+		3. Date Incorporated or Qualifed			
		77 1111			09/15/1988			•
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21 275	5 40ROST HILL Blue	26			65-0075347		Not	Applicable
اری عض ا <u>کا</u> Suite, Apt. :		Suite, Apt. #, etc.				\$	8.75 A	dditional
	w, 616.	27			5. Certifcate of Status Desired		Fee Red	quired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
一ついき しん	of u Karata El	28			Trust Fund Contribution		Added to	•
23 1	Country	Zip	Country	· · · · ·	8. This corporation owes the curre	ent vear Intancii	ble .	
コ さろび	96 [25]	⊢	n ´		Personal Property Tax.			□No
24 00-11	9. Name and Address of Current		——		10. Name and Address of New R			
	9. Name and Address of Current	Registered Agent	81	Name	10. Maine and Madress C. Henri			
CT C	ORPORATION SYSTEM			Namo				
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
PLAN	MINITUN FL 33324		83					
			84	City		- 8	5 Zip C	ode
				,		FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the	purpose of char	nging its	registered
office or re	egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corporation	on's board of directors. I hereby accep	t the appointme	mt as reg	Jistered
agent. i a	m tamillar with, and accept the obligation	ons or, Section our boos, Fronda	Otototes	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rec	nistered Agen	t signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	RS IN 12
TITLE	VP OF FIGURE 7.440	DELETE	1.1 TITLE				Change	Addition
	BEHR, BRAD		1.2 NAME					
NAME	•			. AODOECC				
STREET ADDRESS	1016 W 9TH AVENUE		1.3 STREET	1				
CITY-ST-ZIP	KING OF PRUSSIA PA	Masusta	1.4 CITY-S	r-ZIP	D		Change	Addition
TITLE	AS	DELETE	2.1 TITLE	l l l	al colla Trancos	ت	Charige	Myaqiilori
NAME	PETER BEWLEY		2.2 NAME	111	iclare James			
STREET ADDRESS	1016 W 9TH AVENUE		2.3 STREET	ADDRESS \	JIG W. TIMEN ADOL	10.106		
CITY-ST-ZIP	KING OF PRUSSIA PA	2	2.4 CITY-S	IT-ZIP	ing of PRussia PA	19406		
TITLE	TD	SX DELETE	3.1 TITLE	T,	D		Change	Addition
NAME	WILLIAM TORZOLINI	7.	3.2 NAME	F	itzpatrick, Dennis			•
STREET ADDRESS:	1016 W 9TH AVENUE		3.3 STREET	ADDRESS (C	x6w. night Ave			
	KING OF PRUSSIA PA		3.4. CITY-S	11.	ine of Physica PA	1 19406	2	
CITY-ST-ZIP	PD	DELETE □	4.1 TITLE	Ĭ,	2.70		Change	Addition
	RONALD HISCOCK	Λ	4 2 NAME	Ki	ormenoff, Laurel			/
NAME				ADODESS I'M	16 W. night sue			
STREET ADDRESS	1016 WEST NINTH AVE				raof Prussia P	A 19406	•	
CITY-ST-ZIP	KING OF PRUSSIA PA	Declere	4.4 CITY-S	T-ZIP	a 11D		Change	Addition
TITLE	S	☐ DELETE	5.1 TITLE	256	24 Ur	131	Charige	
NAME	BINSTEIN, RICHARD		5.2 NAME					
STREET ADDRESS	1016 W 9TH AVENUE		5.3 STREET	TADDRESS				
CITY-ST-ZIP	KING OF PRUSSIA PA		5.4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETÉ	6.1 TITLE				Change	☐ Addition
	MCDONALD DICHARD		82 NAME					

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MCDONALD, RICHARD

KING OF PRUSSIA PA

1016 W. NINTH AVENUE