FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 05, 2000 8:00 am Secretary of State M981159 **DOCUMENT#** 1. Entity Name 05-05-2000 90104 049 \*\*\*150.00 ORTHO REHAB ASSOCIATES, INC. Mailing Address Principal Place of Business 4716 Old Gettysburg Road P.O. Box 2034 Mechanicsburg, PA 17055 Mechanicsburg, PA 17055 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0075347 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After WAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/99) ☐ Addition CD Change Delete TIT! F TITLE NAME ROCCO A. ORTENZIO STREET ADDRESS STREET ADDRESS 4716 OLD GETTYSBURG ROAD CITY-ST-7IP CITY-ST-ZIF MECHANICSBURG, PA 17055 ☐ Addition ☐ Change ☐ Delete P TITLE TITI F NAME NAME ROBERT A. ORTENZIO STREET ADDRESS STREET ADDRESS 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 CITY-ST-ZIP CITY - ST - ZIF Change Addition ☐ Delete TITLE NAME MICHAEL E. TARVIN STREET ADDRESS STREET ADDRESS 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE SCOTT A. ROMBERGER NAME NAME STREET ADDRESS 4716 OLD GETTYSBURG ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MECHANICSBURG, PA 17055 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VPAS** NAME NAME STACI RHODES SHELLEY STREET ADDRESS STREET ADDRESS 4716 OLD GETTYSBURG ROAD CITY-ST-ZIP CITY-ST-ZIF MECHANICSBURG, PA 17055 ☐ Change Addition **VPAS** ☐ Delete TITLE TITLE NAME KENNETH L. MOORE NAME STREET ADDRESS STREET ADDRESS 4716 OLD GETTYSBURG ROAD CITY-ST-ZIP CITY-ST-ZIP MECHANICSBURG, PA 17055 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACI RHODES SHELLEY 4/27/00 717/972-1125

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## List of Officers (Continued)

VP/AS/ Martin F. Jackson 4716 Old Gettysburg Road Mechanicsburg, PA 17055

VP Donald J. Kaercher 4716 Old Gettysburg Road Mechanicsburg, PA 17055

VP Patricia A. Rice 4716 Old Gettysburg Road Mechanicsburg, PA 17055