FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P24996 (1)

1. Corporation Name

RENAISSANCE HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
EXECUTIVE PARK WEST 4718 OLD GETTYSBURG RD., STE. 111 MECHANICSBURG PA 17055	EXECUTIVE PARK WEST 4718 OLD GETTYSBURG RD., STE. 111 MECHANICSBURG PA 17055

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 02/01/1995
4. FEI Number: 25-1598173 — ☐ Applied For ☐ Not Applicable

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

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 S. 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 ______

12. OFFICERS AND DIRECTORS

Field	Officer	
TITLE	PD	☐ DELETE
NAME	PANARESE, MICHAEL	
STREET ADDRESS	4718 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	SV	☐ DELETE
NAME	BARRICK, JOSEPH A.	
STREET ADDRESS	4718 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	V	☐ DELETE
NAME	DOHERTY, H. JAKE	
STREET ADDRESS	4718 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	DTC	☐ DELETE
NAME	RICHARDSON, RICHARD D.	
STREET ADDRESS	4718 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
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		

CR2E034 (12/95)

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: [signature] 1/24/95 717-731-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD D. RICHARDSON