

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

FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24996** (1)
1. Corporation Name
RENAISSANCE HEALTHCARE CORPORATION

Principal Place of Business EXECUTIVE PARK WEST 4718 OLD GETTYSBURG RD., STE. 111 MECHANICSBURG PA 17055	Mailing Address EXECUTIVE PARK WEST 4718 OLD GETTYSBURG RD., STE. 111 MECHANICSBURG PA 17055
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4720 Old Gettysburg Road Suite, Apt. #, etc. 22 Suite 311 City & State 23 Mechanicsburg, PA Zip 24 17055		2a. Mailing Address 25 4720 Old Gettysburg Road Suite, Apt. #, etc. 27 Suite 311 City & State 28 Mechanicsburg, PA Zip 29 17055		3. Date Incorporated or Qualified 06/30/1989	
		4. FEI Number 25-1598173		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name		10. Name and Address of New Registered Agent	
		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	VPP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPCHICK, JOSEPH	1.2 NAME	
STREET ADDRESS	14 PINETREE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	1.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRICK, JOSEPH A.	2.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD	2.3 STREET ADDRESS	4720 Old Gettysburg Road, Suite 311
CITY-ST-ZIP	MECHANICSBURG PA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, H. JAKE	3.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD	3.3 STREET ADDRESS	4720 Old Gettysburg Road, Suite 311
CITY-ST-ZIP	MECHANICSBURG PA	3.4 CITY-ST-ZIP	
TITLE	DTC <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, RICHARD D.	4.2 NAME	
STREET ADDRESS	4718 OLD GETTYSBURG RD	4.3 STREET ADDRESS	4720 Old Gettysburg Road, Suite 311
CITY-ST-ZIP	MECHANICSBURG PA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Joseph Kopchick VP

2/26/98

717-731-0300

CR2E034 (10/97)