

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P32928 (4)

1. Corporation Name

CMS REHABILITATION CENTER OF HIALEAH, INC.

FILED

95 JUL 25 AM 8:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
C/O TAX DEPT., P O BOX 715 C/O TAX DEPT., P O BOX 715
MECHANICSBURG PA 17055 MECHANICSBURG PA 17055

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

3. Date Incorporated or Qualified 3a. Date of Last Report
02/25/1991 04/29/1994
4. FEI Number Applied For
25-1650792 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

Signature, typed or printed name of registered agent and title if applicable

(If title, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE PCO
NAME ORTENZO, ROBERT A.
STREET ADDRESS 600 WILSON LANE, #715
CITY ST ZIP MECHANICSBURG PA
TITLE V
NAME ~~DAVID G. NATION~~
STREET ADDRESS 600 WILSON LANE, #715
CITY ST ZIP MECHANICSBURG PA
TITLE V
NAME MISITANO, ANTHONY
STREET ADDRESS 600 WILSON LANE, #715
CITY ST ZIP MECHANICSBURG PA
TITLE VS
NAME WELSH, DEBORAH MYERS
STREET ADDRESS 600 WILSON LANE, #715
CITY ST ZIP MECHANICSBURG PA
TITLE T
NAME LEHMAN, DENNIS L
STREET ADDRESS 600 WILSON LANE, #715
CITY ST ZIP MECHANICSBURG PA
TITLE V
NAME TARVIN, MICHAEL E
STREET ADDRESS 600 WILSON LANE #715
CITY ST ZIP MECHANICSBURG PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President & Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE David G. Nation ☒ 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

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 110.07(3)(b), 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

Signature Printed