**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 # **P32928** **(4)**

1. Corporation Name

**CMS REHABILITATION CENTER OF HIALEAH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O TAX DEPT. P O BOX 715<br>MECHANICSBURG PA 17055 | C/O TAX DEPT.. P O BOX 715<br>MECHANICSBURG PA 17055 |

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **07/25/1995**

4. FEI Number: **25-1650792** ☐ Applied For ☐ Not Applicable

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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6001 Indian School Road | 26 6001 Indian School Road |
| Street, Apt. #, etc. 22 | Street, Apt. #, etc. 27 |
| City & State 23 Albuquerque, NM | City & State 28 Albuquerque, NM |
| Zip 24 87110 Country 25 US | Zip 29 87110 Country 30 US |

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 617.1502, 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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ORTENZIO, ROBERT A. | | 12 NAME | | |
| STREET ADDRESS | 600 WILSON LANE, #715 | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MECHANICSBURG PA | | 14 CITY-ST-ZIP | | |
| TITLE | V | ☒ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | NATION, D AVID G | | 22 NAME | | |
| STREET ADDRESS | 600 WILSON LANE, #715 | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | MECHANICSBURG PA | | 24 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MISITANO, ANTHONY | | 32 NAME | | |
| STREET ADDRESS | 600 WILSON LANE, #715 | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | MECHANICSBURG PA | | 34 CITY-ST-ZIP | | |
| TITLE | VS | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | WELSH, DEBORAH MYERS | | 42 NAME | | |
| STREET ADDRESS | 600 WILSON LANE, #715 | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | MECHANICSBURG PA | | 44 CITY-ST-ZIP | | |
| TITLE | T | ☒ DELETE | 51 TITLE | V.P. & Treasurer | ☐ Change ☒ Addition |
| NAME | LEHMAN, DENNIS L | | 52 NAME | Scott A. Romberger | |
| STREET ADDRESS | 600 WILSON LANE, #715 | | 53 STREET ADDRESS | 600 Wilson Lane | |
| CITY-ST-ZIP | MECHANICSBURG PA | | 54 CITY-ST-ZIP | Mechanicsburg, PA 17055 | |
| TITLE | V | ☐ DELETE | 61 TITLE | V.P. & Ast. Sec. | ☒ Change ☐ Addition |
| NAME | TARVIN, MICHAEL E | | 62 NAME | | |
| STREET ADDRESS | 600 WILSON LANE #715 | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MECHANICSBURG PA | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is complete, and 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 added, above or on an attachment with an address.

**SIGNATURE:** Michael E. Tarvin 3/1/96 (717) 790-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*Vice President*