SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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

FILED
95 JUL 25 AM 8:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P36934** **(8)**

1. Corporation Name

CMS SOUTH MIAMI REHAB, INC.

Principal Place of Business	Mailing Address
% TAX DEPARTMENT P.O. BOX 715 MECHANICSBURG PA 17055-0715	% TAX DEPARTMENT P.O. BOX 715 MECHANICSBURG PA 17055-0715

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **01/03/1992**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **25-1671856** ☐ 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 intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A.	12 NAME	
STREET ADDRESS	600 WILSON LANE, BOX 715	13 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	14 CITY ST ZIP	
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	~~BARBER, KENNETH E~~	22 NAME	David G. Nation
STREET ADDRESS	600 WILSON LANE, BOX 715	23 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MISITANO, ANTHONY	32 NAME	
STREET ADDRESS	600 WILSON LANE, BOX 715	33 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	34 CITY ST ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	WELSH, DEBORAH MYERS	42 NAME	
STREET ADDRESS	600 WILSON LANE, BOX 715	43 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	44 CITY ST ZIP	
TITLE	V	51 TITLE	☑ Change ☐ Addition
NAME	TARPIN, MICHAEL E	52 NAME	Tarvin, Michael E
STREET ADDRESS	600 WILSON LANE, BOX 715	53 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	54 CITY ST ZIP	
TITLE	VT	61 TITLE	☑ Change ☐ Addition
NAME	LEHMLAN, DENNIS L	62 NAME	Lehman, Dennis L
STREET ADDRESS	600 WILSON LANE, BOX 715	63 STREET ADDRESS	
CITY ST ZIP	MECHANICSBURG PA	64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Michael E. Tarvin — (717) 790-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0174884 FP