

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 # 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

3. Date Incorporated or Qualified

01/03/1992

3a. Date of Last Report

07/25/1995

4. FEI Number

25-1671856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 26 6001 Indian School Road

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27 City & State

23 28 Albuquerque, NM

24 25 Zip Country 29 87110 30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ORTENZIO, ROBERT A.
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-ST-ZIP MECHANICSBURG PA

TITLE V ☒ DELETE

NAME NATION, DAVID G
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-ST-ZIP MECHANICSBURG PA

TITLE V ☐ DELETE

NAME MISITANO, ANTHONY
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-ST-ZIP MECHANICSBURG PA

TITLE VS ☐ DELETE

NAME WELSH, DEBORAH MYERS
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-ST-ZIP MECHANICSBURG PA

TITLE V ☐ DELETE

NAME TARVIN, MICHAEL E
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-ST-ZIP MECHANICSBURG PA

TITLE VT ☒ DELETE

NAME LEHMAN, DENNIS L
STREET ADDRESS 600 WILSON LANE, BOX 715
CITY-ST-ZIP MECHANICSBURG PA

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Vice President & Ast. Sec. ☒ Change ☐ Addition

Vice President & Treasurer ☐ Change ☒ Addition

Scott Romberger
600 Wilson Lane
Mechanicsburg, PA 17055

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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(717) 790-8300

Daytime Phone #

CR2E034 (12/95)