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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
% TAX DEPARTMENT
P.O. BOX 715
MECHANICSBURG PA 17055-0715

Mailing Address
6001 INDIAN SCHOOL ROAD
ALBUQUERQUE NM 87110-4139
US



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	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
01/03/1992	03/15/1996
4. FEI Number	Applied For
25-1671856	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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 _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ORTENZIO, ROBERT A.
STREET ADDRESS	600 WILSON LANE, BOX 715
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V
NAME	NATION, DAVID G
STREET ADDRESS	600 WILSON LANE, BOX 715
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V
NAME	MISITANO, ANTHONY
STREET ADDRESS	600 WILSON LANE, BOX 715
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	VS
NAME	WELSH, DEBORAH MYERS
STREET ADDRESS	600 WILSON LANE, BOX 715
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	VAS
NAME	TARVIN, MICHAEL E
STREET ADDRESS	600 WILSON LANE, BOX 715
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	VT
NAME	ROMBERGER, SCOTT
STREET ADDRESS	600 WILSON LANE, BOX 715
CITY - ST - ZIP	MECHANICSBURG PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE: 4/23/97 DAYTIME PHONE: _____

CR2E034 (9/96)

**CMS South Miami Rehab, Inc.
List of Officers and Directors**

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Neal M. Elliott	President, Director	6001 Indian School Rd NE Albuquerque, NM 87110
Anthony F. Misitano	Vice-President	600 Wilson Lane Mechanicsburg, PA 17055
Charles H. Gonzales	Sr. Vice-President	6001 Indian School Rd NE Albuquerque, NM 87110
Ernest A. Schofield	Sr. Vice-President, CFO	6001 Indian School Rd NE Albuquerque, NM 87110
Scot Sauder	Vice-President, Secretary	6001 Indian School Rd NE Albuquerque, NM 87110
Doug Warrick	Vice-President-Taxation	6001 Indian School Rd NE Albuquerque, NM 87110
Sean Dailey	Vice-President-Finance	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officers and Directors terms expire on September 30, 1997