CORPORATION ANNUAL REPORT 1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051372 (9)

1. Corporation Name
REHAB PROVIDER NETWORK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O NOVA CARE, INC 1016 W. NINTH AVE. KING OF PRUSSIA PA 19406	C/O NOVA CARE, INC 1016 W. NINTH AVE. KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Attn: TAX DEPT
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0426653 ☐ 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

CT 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	NEW, JAMES C	12 NAME	President
STREET ADDRESS	1018 NINTH AVE	13 STREET ADDRESS	James New
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	14 CITY-ST-ZIP	1016 West 9th Avenue, ing of Prussia, Pa 19406
TITLE	VST	21 TITLE	☐ Change ☒ Addition
NAME	VINICK, ALAN N	22 NAME	Director
STREET ADDRESS	1018 NINTH AVE	23 STREET ADDRESS	Alan Vinick
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	COX, ROBERT	32 NAME	Director - Vice President
STREET ADDRESS	1018 NINTH AVE.	33 STREET ADDRESS	William McGinnis
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	34 CITY-ST-ZIP	1016 West 9th Avenue King of Prussia, PA 19406
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	OESCH, EDWIN	42 NAME	Assistant Secretary
STREET ADDRESS	1018 NINTH AVE.	43 STREET ADDRESS	John M. Coogan, Jr.
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	44 CITY-ST-ZIP	1016 West 9th Avenue, King of Prussia, PA 19406
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: [signature] 3/27/95 (40:992-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0008103 CP