

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000051372 (9)**

1. Corporation Name

REHAB PROVIDER NETWORK OF FLORIDA, INC.

Principal Place of Business

**C/O NOVA CARE, INC
1016 W. NINTH AVE.
KING OF PRUSSIA PA 19406**

Mailing Address

**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

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

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

Signature, typed or printed name of registered agent and filed, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HISCOCK, RONALD	
STREET ADDRESS	1016 W. 9TH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BEWLEY, PETER	
STREET ADDRESS	1016 W. 9TH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRAD BEHN	
STREET ADDRESS	1016 W. 9TH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TORZOLINI, WILLIAM	
STREET ADDRESS	1016 W. 9TH AVE	
CITY-ST-ZIP	KING OF PRUSSIA PA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Asea
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 checked="" type="checkbox"/> Addition
5.2 NAME	Sec
5.3 STREET ADDRESS	Binsten, Richard
5.4 CITY-ST-ZIP	1016 W. Ninth Avenue King of Prussia PA

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	McDonald, Richard
6.4 CITY-ST-ZIP	1016 W. Ninth Avenue King of Prussia PA

14. I 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 if changed, or on an attachment with an address.

SIGNATURE

Richard A. McDonald
Richard A. McDonald, dated 6/19/98, 7:20pm

CR2E034 (10/97)