Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90157 014 ***150.00

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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000051372

1. Corporation Name

REHAB PROVIDER NETWORK OF FLORIDA, INC.

Principal Place of Business Mailing Address							101 011 11 11 11 11 11 11	
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 ALIM: LEGGE DEPT-				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/22/1993		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	T	Applied For
21		26	26			65-0426653		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22		27						Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution		May Be		
Zip	ip Country Zip		Country			This corporation owes the current year		0.01.663
24	25 29 30			,		Personal Property Tax.	Yes	□No
24,	9. Name and Address of Currer		<u>, </u>	_		10. Name and Address of New Registers	ed Agent	
			8	1	Name			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)	<u>. </u>	
1	ITATION FL 33324		8:	3				
			-	_			05 7	ip Code
			84	4	City	. F	L 85 Zi	p 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								
SIGNATORE	Signature, typed or printed name of registered age			ent si	ignature required	d when reinstating) DATE	AND DIDEC	TODO 111 40
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE	PD	•			175	Lane , James W.		ic Paradison
NAME	HISCOCK, RONALD		1.2 NAME 1.3 STRE		ما ا	oibw. ninth Ave		
STREET ADDRESS	1016 W. 9TH AVE. KING OF PRUSSIA PA	,	1.4 CITY - S				9406	,
CITY-ST-ZIP	AS	DELETE	2.1 TITLE		₩.	719	Chang	ge Addition
NAME	BEWLEY, PETER		2.2 NAME 2.3 STREE 2.4 CITY-		134	ormanoff, Laure		-
STREET ADDRESS	1016 W. 9TH AVE					16 W. Minth Ave-		
CITY-ST-ZIP	KING OF PRUSSIA PA				ZIP K	ing of Prussia PA 19	7406	
TITLE	VP	☐ DELETE	3.1 TITLE 3.2 NAME		0		Chang	ge ☐ Addition
NAME	Brad Behn				<u> </u>	ehe, Bead		
STREET ADDRESS	1016 W. 9TH AVE.		3.3 STRE	ET AI				
CITY-ST-ZIP	KING OF PRUSSIA PA		34. CITY				☐ Chang	ge 🖫 Addition
TITLE	TD	DELETE	4.1 TITLE			tefatkick, Dennis	□ Cnant	Je Jaconion
NAME	TORZOLINI, WILLIAM		4. 2 NAM		131	16 W. MINTH AVE.		
STREET ADDRESS	1016 W. 9TH AVE				DDRESS i O l	100 -D Deussic DA 1940) f	
CITY-ST-ZIP TITLE	KING OF PRUSSIA PA	☐ DELETE	4.4 CITY- 5.1 TITLE		2P 176	ing of PRUSSIA PA 1940 Instean, Richard	Defianç	ge Addition
NAME	BINSTEEIN, RICHARD	_	5.2 NAME] [2]	instein Richard		
STREET ADDRESS	1016 W. NINTH AVENUE		5.3 STRE	ET A	DDRESS .			ļ
CITY-ST-ZIP	KING OF PRUSSIA PA			ST-2	ZIP			
TITLE	VP	☐ DELETE	6.1 TITLE				☐ Chang	ge
NAME	MCDONALD, RICHARD		6.2 NAME	Ē				ļ
CTREET ADDRESS	TOTE W NIMTH AVENUE		6.3 STRE	ETA	ODRESS			

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 of suppliemental 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 or an attachment with an address, with all other like empowered.

6.4 C/TY-ST-Z/P

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 1016 W. NINTH AVENUE

KING OF PRUSSIA PA