

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051372

1. Entity Name

REHAB PROVIDER NETWORK OF FLORIDA, INC.

FILED

00 MAR 23 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
ATTN: LEGAL DEPT. 1016 W. NINTH AVE  
KING OF PRUSSIA PA 19406

2. Principal Place of Business

4716 Old Gettysburg Road

3. Mailing Address

4716 Old Gettysburg Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Mechanicsburg, PA

City & State  
Mechanicsburg, PA

4. FEI Number 65-0426653

Applied For  
Not Applicable

Zip 17055

Country USA

Zip 17055

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

500003204485--6

City

04/11/00-01/25/004  
\*\*\*\*150.00 FL \*\*\*\*150.00

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLANE, JAMES W 1016 W. 9TH AVE. KING OF PRUSSIA PA 19406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOIMENOFF, LAUREL 1016 W. 9TH AVE KING OF PRUSSIA PA 19406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEHR, BRAD 1016 W. 9TH AVE. KING OF PRUSSIA PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FITZPATRICK, DENNIS 1016 W. 9TH AVE KING OF PRUSSIA PA 19406	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BINSTEIN, RICHARD 1016 W. NINTH AVENUE KING OF PRUSSIA PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDONALD, RICHARD 1016 W. NINTH AVENUE KING OF PRUSSIA PA	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Rocco A. Ortenzio 4716 Old Gettysburg Road Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert A. Ortenzio 4716 Old Gettysburg Road Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Michael E. Tarvin 4716 Old Gettysburg Road Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/TI Scott A. Romberger 4716 Old Gettysburg Road Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kenneth L. Moore 4716 Old Gettysburg Road Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Martin F. Jackson 4716 Old Gettysburg Road Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

717/972-1132

Daytime Phone #

CR2E034 (9/99)

282

**Changes to Officers** (Continued)

VP/AS

Staci Rhodes Shelley  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055

VP

Patricia A. Rice  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055

VP -

Donald Kaercher  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055

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